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ABSTRACT

This document presents a report on research undertaken to assess the incidence of child abuse reporting and of failure to report among mandated reporters; the contributions of workplace, personal, and institutional factors to reporting behavior; and the interaction of mandated reporters with the child protective agencies to which they report. The report presents results from a survey of mandated reporters and from interviews. Section I of the report provides an introduction and background information. Section II describes the study methodology; section III describes the prevalence and incidence of reporting and of failure to report; and section IV explores the impact of reporter and workplace characteristics on reporting behavior. Section V examines factors that contribute to reporting intentions; section VI presents analyses of the impact of case characteristics on reporting intentions and section VII presents a model of reporting decisions. Section VIII describes the current state of child protective services agencies and how they interact with mandated reporters. The final section presents conclusions and recommendations. It is noted that consistent reporting of suspected child abuse and neglect was the most common reporting pattern in the data, and that consistent reporters were characterized by fairly high levels of child abuse reporting knowledge, by beliefs that reports will have no negative consequences for the children they report or for themselves, and by positive views of the capability and professionalism of child protective services agencies. Selected items from several child abuse reporting survey instruments are appended. (NB)

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The Role of Professional Background, Case Characteristics, and Protective Agency Response in Mandated Child Abuse Reporting

Gail L. Zellman, Robert M. Bell

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Gail L. Zellman, Robert M. Bell

January 1990

Supported by the
U.S. Department of Health and Human Services

RAND

PREFACE

This report was prepared for the National Center on Child Abuse and Neglect, Office of Human Development Services, U.S. Department of Health and Human Services. The objectives of the research were threefold: to assess the prevalence and incidence of child abuse reporting and of failure to report among mandated reporters; to explore the contributions of workplace, personal, and institutional factors to reporting behavior; and to examine the interaction of mandated reporters with the child protective agencies to which they must make reports. The report presents results from a survey of mandated reporters mailed in spring 1987 and from interviews conducted in 1988 with child protective agency staff and administrators and with child advocates, legislators, district attorneys, and social service professionals in six states.

These data should help policymakers, professionals, and other child advocates understand how professionals view their reporting obligations and may also suggest new approaches to better protecting children who are at risk of abuse and neglect.

The report should also be of interest to audiences at the national, state, and county levels who are interested in child abuse and child abuse reporting as well as to those concerned with improving our ability to identify abuse and to respond to it appropriately.

SUMMARY

RESEARCH ISSUES

By 1967, all states had passed child abuse reporting laws, which require specified professionals who are likely to come into contact with children to report suspected abuse and neglect to child protective agencies. This study examines the reporting behavior of professionals who are required by those laws to report suspected maltreatment.

The objectives of this research were threefold. The first was to present national data about the child abuse reporting behavior of professionals mandated to report suspected abuse and neglect.

A second objective was to explore how reporting decisions are made. Given the limited definitions in applicable law about what constitutes abuse and neglect, it is generally agreed that reporters rely heavily on their own judgments in deciding whether to report suspected maltreatment. But these decisionmaking processes are poorly understood.

A third objective of the research was to place reporter decisionmaking and behavior in the larger context of child protective services (CPS) capacity and response. No studies to date have attempted to make this connection by examining both individual and institutional behavior.

METHODS

This report presents three distinct types of data. Data about reporting behavior are drawn from a survey of mandated reporters; this survey also included vignettes that measured reporting intentions. Data on child protective agency responses were collected in the course of semistructured field interviews in selected child protective agencies.

The survey was mailed in spring 1987 to general and family practitioners, pediatricians, child psychiatrists, clinical psychologists, and social workers in 15 states who had been sampled from directories of their various professional organizations.[1] Slightly different forms of the survey were mailed to principals of public schools and heads of child care centers who had been sampled from commercial lists of each. The overall response rate was 59 percent.

[1]Those clinical psychologists and social workers who indicated that they did not see children were excluded from the sample. This criterion eliminated about 20 percent of those professionals.

In 1988, visits were made to six of the states included in the mail survey to explore CPS agency policies and procedures that might bear on mandated reporter behavior. States were selected on the basis of variables derived from survey results.

REPORTING BEHAVIOR

More than three-quarters of the 1,196 respondents had made a child abuse report at some time in their professional careers. Nearly all elementary school principals (92 percent), psychiatrists (91 percent), and pediatricians (89 percent) had reported at some time in their careers. Substantially fewer social workers and psychologists had ever made child abuse reports (70 percent and 63 percent respectively).

Almost 40 percent of respondents admitted that at some time in their careers they had suspected maltreatment but had decided not to make a report. Child psychiatrists were the most likely to have failed to report, and child care providers and pediatricians had the lowest rates.

The most common lifetime reporting pattern in our sample (44 percent of respondents) was that of consistent reporting (any reporting, no failure to report), which is what the law requires. One-third of the sample respondents were discretionary reporters who had reported at some time and had also failed to report. Seventeen percent had neither reported nor failed to report and thus remained outside the child abuse reporting arena. Six percent of respondents had a lifetime pattern that included no reporting but at least one instance of failure to report.

The most commonly endorsed reason for failure to report was lack of sufficient evidence that abuse or neglect had occurred. More than one-sixth of respondents accorded great importance to the following reasons for failure to report: the situation resolved itself; the report would have disrupted treatment; the belief that respondents could help their clients better themselves.

Workplace characteristics, levels of child abuse knowledge and training, and attitudes about the benefits of reporting all bear on reporter behavior. Consistent reporting is more likely to occur when reporters view CPS agencies fairly positively and believe that neither they nor the children they report are likely to suffer as a result of the reports they make. Child abuse knowledge and training also increase the likelihood of consistent reporting.

About one-quarter of health care professionals and half of all child care providers in our sample had no reporting experience. Health care

professionals who work exclusively in private practice settings and who see few children are more likely to be uninvolved with reporting. These professionals are less knowledgeable about reporting and have had less formal child abuse training.

Beliefs that reports often have negative consequences for children most strongly promote the use of discretion. Among principals, less child abuse knowledge and perceptions that reports carry substantial personal costs are associated with discretionary reporting.

THE REPORT DECISIONMAKING PROCESS

Our vignette data, in which respondents read and responded to a series of carefully controlled scenarios, allowed us to assess the contributions of five abuse-relevant judgments to reporting intentions. The abuse-relevant judgments concerned seriousness of the incident, use of the label "abuse" or "neglect" (as appropriate), beliefs concerning whether the law would require a report in that instance, and whether the child and, separately, the rest of the family would benefit from a report.

The five abuse-relevant judgments form two clusters that together are strongly related to reporting intentions. The first set includes seriousness and operational definitions of abuse. Combined with an assessment of what the reporting law was perceived to require in the case in point, these judgments were the major contributors to likelihood of reporting decisions across vignettes.

A second cluster of judgments concerns the predicted efficacy of making a report. Judgments of the perceived benefit of a report for the child and for the rest of the family were positively correlated with each other and were significant predictors of the likelihood of reporting. The relative contributions of these judgments to the likelihood of reporting varied somewhat by type of abuse.

THE IMPACT OF CASE CHARACTERISTICS ON REPORTING DECISIONS

Our analyses revealed that abuse-relevant judgments varied, often substantially, as a function of selected case characteristics. A history of previous abuse, severity, and recantation proved to be the most important predictors of intentions to report. Previous abuse and more serious abuse were also associated with significantly increased likelihood of reporting. If the alleged victim retracted her accusation when questioned, the likelihood of reporting was substantially reduced.

Child age and family socioeconomic status also influenced these judgments, although to a lesser degree, with professionals more inclined to report younger children and those from poorer families.

AN INTEGRATED MODEL OF REPORTING INTENTIONS

An expanded and integrated model of reporting intentions that included both reporter variables and case characteristics revealed that case characteristics were substantially more important in predicting reporting intentions than reporting variables. Nevertheless, reporter characteristics explained a significant amount of the variance accounted for in these equations. Child abuse knowledge and training, negative attitudes about CPS professionalism and effectiveness, and some workplace characteristics—e.g., any hospital or clinic involvement and the presence of a review team—were significant contributors to reporting intentions.

CPS RESPONSE

In all six states we visited, some efforts had been made to respond to the chronic problem of inadequate resources, usually by limiting intake into the system. Virtually all agencies have raised the threshold of severity for accepting a protective case. These thresholds are established through the use of screening techniques, risk assessment models, or policies (formal or informal) that define certain kinds of child abuse or neglect situations as less serious or emergent. However, these measures have not stemmed the number of investigations to a point at which staff or mandated reporters perceive there are sufficient resources to screen, to pursue cases deemed to require an investigation, or to provide needed services.

Because of inadequate staffing in virtually all CPS agencies, the process of making reports had become quite difficult in many of the offices we visited. Mandated reporters were frequently kept waiting on the phone for long periods, with the costs associated with such waits multiplied among those who must make such calls frequently. Moreover, mandated reporters who have more experience with CPS agencies often learn that nothing is ultimately done in response to reports of only moderate abuse or neglect.

RECOMMENDATIONS

Lack of child abuse reporting knowledge and training is associated with consistent failure to report and with lack of any involvement with

child abuse reporting. More training may increase the likelihood that mandated reporters, particularly those who have never reported, will recognize and report abuse.

The content of such training deserves note. Some discussion of the many constraints on the ability of CPS agencies to protect children would help mandated reporters better comprehend, and hence negotiate, the reporting system.

SPECIAL TREATMENT

Overloaded CPS systems impose increasing costs on the mandated professionals who must report, some of them frequently. Reporters' concerns about the value of the reports they make are evident throughout our data. Such concerns are important predictors of differential reporting patterns, with those most uncertain about the value of reports inclined to be discretionary reporters. When a potential reporter believes that reporting a specific incident is unlikely to benefit either the child or the child's family, the likelihood of reporting is reduced.

Special treatment for mandated reporters—both in making reports and in obtaining feedback about the cases they have reported—should improve mandated reporters' cost-benefit ratio, thus making reporting more likely. Easier access through a dedicated phone line, FAX capability, or localized reporting, among other possibilities, would make the reporting process less difficult and time-consuming. More feedback provided more easily would help mandated reporters better understand how CPS agencies operate while also providing information that would help reporters get future cases investigated, substantiated, and treated.

REPORTING GUIDELINES

A number of writers have argued that a critical failing of reporting laws lies in their lack of specific written guidelines concerning what constitutes abuse and neglect. The development of reporting guidelines would be a difficult venture at best, and the outcomes would be uncertain. If it were shown that reporting guidelines reduced the numbers of reports and increased substantiation rates, mandated reporters might be more willing to report. At the same time, if the smaller numbers of reports resulted from guidelines that raised the threshold of severity, such guidelines would frustrate legislative intent to bring potentially abusive situations to the attention of protective agencies before serious abuse occurred.

But legislative intent is frustrated every day as CPS screening methods and risk assessment models direct resources to the most serious cases. In the absence of a large infusion of resources to CPS agencies, the discretionary reporting we identified among child abuse knowledgeables may be an appropriate response. But such discretionary reporting violates the current reporting laws. Perhaps we need to reexamine two assumptions inherent in these laws: that professional judgment is never acceptable and that all suspected abuse and neglect should be reported.

These efforts might well lead us to conclude that all abuse and neglect should continue to be reported, and that extending any discretion to mandated reporters is unwise and inappropriate. Regardless of the outcome of any such reexamination, the process would shed light on a critical issue in an overloaded child protective system.

ACKNOWLEDGMENTS

Any project such as this owes a great deal to the efforts of many people. We are particularly grateful for the cooperation of the mandated reporters who completed our pretests and our survey instrument. They were most generous with their time and willingly shared many insights from which this study benefited greatly. We are indebted as well to the child protective services administrators and staff in our six fieldwork states, who took the time and the risk to share with us the myriad problems and satisfactions they experience in their work. Many child advocates, district attorneys, legislators and their staff members, and staff of professional organizations helped put child protective services into a larger community and policy perspective, for which we are most appreciative. Patricia Campiglia, our project officer at the National Center for Child Abuse and Neglect, was a source of continuing support and interest throughout the project.

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I. INTRODUCTION

BACKGROUND

The rediscovery of child battering in 1963 by Dr. C. Henry Kempe and his associates at the Denver Medical Center marked the beginning of renewed interest in the problem of child abuse and neglect. By labeling the phenomenon the "battered child syndrome" and offering a medical-sounding diagnosis, Kempe and his colleagues focused professional and governmental attention on the need to protect severely abused and neglected children (see Kempe, 1962, as well as Antler and Antler, 1979, and Antler, 1980). Key to this protection was improved identification of child abuse.

In efforts to increase such identification, support built to involve professionals likely to encounter children in the course of their work in identifying suspected maltreatment. This strategy of increased identification through mandated reporting was based on the belief that professionals, most of whom were unfamiliar with the symptoms of abuse, would not identify or report suspected abuse unless they were required to do so by law.

With the active encouragement of the U.S. Children's Bureau, which disseminated model legislation, together with an unending stream of press reports that led to calls for action, early advocates succeeded admirably in making child maltreatment a major social issue. During the 1960s, every state rushed to enact a child abuse reporting law (Paulsen, Parker, and Adelman, 1966), and child abuse identification and reporting became significant priorities for at least some medical and human service professionals. Press interest played a critical role in promoting legislative and citizen concern about the quality and quantity of child protective services.

By 1967, all states had passed child abuse reporting laws, which require specified professionals who are likely to come in contact with children to report suspected abuse and neglect to child protective agencies. The reporting laws were designed to prevent evidence of maltreatment from going unnoticed and to provide child protective agencies with a new and much larger cadre of discoverers than had been previously available.

The framers of this legislation, not unmindful of the ignorance, denial, and confidentiality concerns that had made such laws necessary, devised a number of provisions designed to remove legal impediments to reporting. These provisions included statutory immunity to

reporters for good-faith reporting, abolition of doctor-patient and therapist-client privilege in situations of suspected abuse, language that requires only reasonable suspicion or belief and that precludes investigation, anonymity provisions for reporters in some states, and assessment of criminal and/or civil penalties for failure to report as required by law (Davidson, 1988).

Initial reporting laws singled out physicians as the key professional group whose members were required to report suspected abuse (Fraser, 1986). This focus on physicians reflected the fact that child abuse was then viewed as a condition that could best be diagnosed medically (Paulsen et al., 1966)—a perception that owed much to Kempe and his colleagues' pioneering work.

As knowledge and understanding of child abuse increased over time, however, it became evident that other professionals might also be in a position to identify abuse. Indeed, the framers of reporting legislation became aware that members of other professions might be able to detect abuse and bring it to the attention of authorities at an earlier juncture—before the occurrence of the severe injuries that often bring abuse to the attention of physicians (Fraser, 1986).

These new understandings led to a substantial increase in the number of professional groups designated in state laws as mandated reporters. In 1974, for example, all state reporting laws mandated physicians to report suspected abuse and neglect, but only 25 states required social workers to report, and only nine states required that police officers do so. By 1986, virtually every state included nurses, social workers, teachers, and school staff in the category of mandated reporters (Fraser, 1986).

The child abuse reporting laws provide only limited guidance concerning the factors that make an incident reportable (see, e.g., Giovannoni and Becerra, 1979; Herzberger and Tennen, 1988; and Meriwether, 1986). Vague, nonbehavioral definitions of what constitutes abuse and neglect under the law leave reporters considerable latitude in deciding whether the available evidence translates into a reasonable suspicion that abuse or neglect has occurred and, if so, whether or not it is reportable.

A number of writers have argued that the reporting laws should be revised to give potential reporters more specific guidelines concerning what does and does not constitute reportable abuse and neglect. They variously contend that such guidelines would reduce reluctance to report, decrease the likelihood of discrimination in reporting, and increase the apparently declining rate of case substantiations (see, e.g., Besharov, 1988; Meriwether, 1986; Wald, 1975; Weisberg and Wald, 1984).

Initial Impacts

Despite initial resistance and continued criticism from many professionals, the reporting laws have clearly succeeded in encouraging the identification of abuse and neglect. By 1986, child protective reporting had risen to over two million reports annually, representing a 212 percent increase since 1976, when 669,000 reports were estimated to have been received.[1] As a direct result of reporting statutes, medical and mental health professionals, school staff, police, and other mandated reporters have reported suspected incidents of abuse to official agencies in growing numbers. Indeed, since 1984, professionals have accounted for the majority (54 percent) of reports (American Humane Association, 1988). While some of this increase can be attributed to improved information gathering and better statistical systems, most reflects greater public and professional awareness as well as heightened public expectations of child protective services (CPS) agencies (American Humane Association, 1988).

Issues of Compliance

Although many people believed that the reporting laws provided an essential means of identifying children who might need the state's protection, professionals were far from united in their support of such legislation. Many expressed concern about the apparent license these laws gave the state to intrude into family life. These concerns were exacerbated for some by the language of the laws in many states, which required only a reasonable suspicion before state intervention could begin. Some mandated reporters took issue with proscriptions against the use of professional discretion, feeling diminished by their limited roles and concerned that their training and expertise would be lost to the children who might benefit from them. Others were concerned about the effects of breached confidentiality on client relationships. The ultimate value of these laws depended in large measure on how sensitively, competently, and effectively the newly burdened child protective agencies carried out their mission. Many professionals questioned the ability of these agencies to do their job well (Finkelhor, Gomes-Schwartz, and Horowitz, 1984).

These concerns, combined with real costs to professionals in making reports, have led to the widespread belief that the reporting laws are frequently violated. A number of studies using different methodologies support these beliefs (Finkelhor et al., 1984; James, Womack, and

[1]The figures prior to 1976 are even lower and are available for only a limited number of states.

Stauss, 1978; Morris, Johnson, and Clasen, 1985; Saulsbury and Campbell, 1985). In a physician survey conducted by James et al. (1978), 62 percent of 96 Seattle-area general practitioners and pediatricians said they would not report a case of sexual abuse that came to their attention unless the family concurred with the reporting decision.[2] Of all the physicians responding to this survey, only 42 percent indicated that they would report any sexual abuse case. In another survey, nearly all (over 90 percent) of the 252 physicians in the sample described themselves as inclined to report physical and sexual abuse, but far fewer (fewer than 60 percent) were inclined to report neglect (Saulsbury and Campbell, 1985).[3] In response to photographs of injured children, a small sample of physicians (N = 58), nearly all of whom were in private practice, frequently indicated they would not report cases that were definitely reportable (Morris et al., 1985).[4]

Reporting of sexual abuse was far more common among 790 Boston professionals who were attending meetings concerned with child sexual abuse.[5] These child abuse professionals, who worked for mental health, medical, criminal justice, and other social service agencies as well as for schools and for the Department of Social Services, indicated that they had actually reported 64 percent of the cases they should have reported. This meant, however, that in 36 percent of all such cases, a report was not made when it should have been (Finkelhor et al., 1984).

In a national incidence study that actually traced cases of child maltreatment in 29 nationally representative counties, it was found that only about one-third of the cases of child abuse and neglect known to community professionals in 1980 were officially reported to CPS agencies (U.S. Department of Health and Human Services, 1981). In a similar study conducted in 1986, this figure was reported to have increased to 40 percent, but the increase was not statistically significant (U.S. Department of Health and Human Services, 1988). Clearly, compliance with mandated reporting laws is limited at best (U.S. Department of Health and Human Services, 1981).

With the exception of the national incidence study described above, however, support for the notion of widespread failure to report suspected abuse and neglect (FTR) is based on small convenience samples that usually focus on just one or, at most, two different professions. Moreover, little attention has been paid to motivations underlying reporting decisions. Thus, a key purpose of this study is to provide

[2]Response rate = 16 percent.

[3]Response rate = 60 percent.

[4]Response rate = 43 percent.

[5]The authors do not state response rate.

national data about the reporting behavior of mandated reporters working in a range of professions. By examining the reasons offered for past reporting and failure to report, we can begin to gain some sense of the magnitude of compliance with the reporting laws and of the personal and institutional factors that promote and inhibit reporting.

Effects on CPS Agencies

The child abuse reporting laws had an immediate and enduring impact on professional reporting. Many professionals appeared to be able to recognize abuse and to be willing to report it to child protective and other specified agencies. For the past 20 years, virtually all child protective agencies have experienced consistent and substantial annual increases in such reports (see, e.g., American Humane Association, 1988).

Few child welfare activists and planners anticipated the effect that increased reporting rates would have on the then-underdeveloped child protective system. Since the volume of child abuse reports prior to the early '60s had been modest, and since those few reports that were then made were usually handled by law enforcement or voluntary agencies, most states had limited experience in—or capacity for—child protection. Staff size limitations, poor organization, a shortage of well-trained supervisory and direct service personnel, and inadequate treatment resources quickly emerged as critical problems (Pleck, 1987).

The successful drive to stimulate reports has created a crisis in child protection—one in which overloaded child protective agency staff and administrators find it increasingly difficult to offer productive responses to child abuse reports. While substantial effort has been dedicated to the publicizing of abuse and to exhorting the public—particularly professionals—to report, equivalent priority has not been accorded to the more expensive and politically challenging task of increasing the capacity of child protective and social service agencies to investigate and respond effectively to reports. Nor has any attention been devoted to the effect that the laws might have on mandated reporters. Although mandated reporters were included in the legislation precisely because they might frequently encounter suspected abuse and neglect, no one anticipated the large number of reports some would make or the difficulties many would encounter in confronting increasingly overburdened child protective agencies. While mandated reporting originated with the conviction that young children have little protection from abusive caretakers without aid from outside the family, the limits of that protection are revealed in the inadequate scope and

funding of community-based services to help families once abuse or neglect is identified (see, e.g., Conte, 1988).

RESEARCH ISSUES

The objectives of our child abuse reporting research were threefold. Its first goal was to collect national data about the child abuse reporting behavior of professionals mandated to report suspected maltreatment. Data about the frequency and consistency of failure to report would clarify the extent to which professionals comply with the laws' mandate to report all suspected maltreatment.

The second objective of this research was to explore how reporting decisions are made. Given the limited definitions in applicable law about what constitutes abuse and neglect, it is generally agreed that reporters rely heavily on their own judgments in deciding whether to report suspected maltreatment. These decisions have been found to be influenced by previous reporting experiences as well as by racial and social class biases, concerns for oneself or the child, other case characteristics, and views about professional responsibility (Wells, 1987). Yet these decisionmaking processes are poorly understood. We sought to clarify the report decisionmaking process by examining the importance of a range of factors in past reporting decisions and reporting intentions, focusing particularly on an assessment of the contribution of child abuse reporting knowledge and training, two alterable reporter attributes, to reporting decisions. The importance of other, less easily manipulatable characteristics, such as workplace structure and attitudes toward CPS agencies were also examined.

A third objective of the research was to place reporter decisionmaking and behavior in the larger context of CPS capacity and response. To fully understand child abuse reporting, it is important to learn something about where reports go and what happens to them when they get there. No studies to date have attempted to make this connection by examining both individual and institutional behavior. We attempted to do so by making site visits to six surveyed states, visiting the central CPS agency as well as two local offices in each. In the course of these visits, we sought to learn about how reports from mandated reporters are generally viewed and handled, their likely outcomes, and some of the constraints on these agencies that may affect mandated reporter behavior.

ORGANIZATION OF THIS REPORT

This study surveys mandated reporters about their behavior and examines child protective services operations and interactions with mandated reporters. The next section describes the methodology for the study. The third section describes the prevalence and incidence of reporting and of failure to report, including reasons for these behaviors. Section IV explores the impact of reporter and workplace characteristics on reporting behavior. Section V examines some of the factors that contribute to reporting intentions, focusing on general patterns across specific cases. Section VI presents analyses of the impact of case characteristics on reporting intentions. In Sec. VII, a model of reporting decisions, which includes both reporter and case characteristics, is presented. Section VIII describes the current state of CPS agencies and the ways in which they interact with mandated reporters. Section IX presents conclusions and recommendations.

II. METHODS

This report presents data drawn from two sources: a survey of mandated reporters in 15 states and semistructured field interviews in selected child protective agencies in six states. The survey data include:

- past reporting (and nonreporting) behavior, including reasons for doing so;
- information on professional setting, experience, attitudes, etc.; and
- responses to vignettes that measure reporting intentions.

These data allowed us to study each of the research issues described in Sec. I. The survey included explicit information about the reporting behavior of professionals both during the past year and throughout respondents' careers, thereby allowing us to accomplish our first objective: the examination of reporting behavior. Data about past reporting behavior and reporter characteristics permitted us to analyze how work settings, training, and attitudes relate to the frequency of reports and failures to report, a component of our second objective. However, the likelihood of reporting also rests on the number and details of cases that professionals encounter, each of which may relate to other professional characteristics. Analysis of responses to the vignettes allowed us to assess cases with case characteristics controlled. The determination of true effects on reporting decisions, however, is complicated by the fact that both reporter and case characteristics are likely to play a role. By combining both sets of variables into a single model, we were able to estimate the relative impact of each set of variables on reporting intentions. Finally, the field interviews allowed us to place results from our other analyses within the context of child protective services agency operations, imperatives, and constraints.

SURVEY OF PROFESSIONALS

State and Sample Selection for the Professional Survey

For coordination with the fieldwork component of the project, the professionals we surveyed were clustered in 15 states. Our objective in sampling states was to represent both large (urban) and small (rural) states, rich and poor states, and each region of the country. State size

was particularly important because it is commonly believed that CPS agencies in the largest metropolitan areas face the most challenges in responding to reports.

We used data from the 1983 *County and City Data Book* to divide the 50 states into four strata, defined by two dimensions: large urban versus smaller rural states, and states with relatively rich, well-educated populations versus those with poorer, less well educated populations. Within each stratum, states were selected using a form of stratified random sampling (Chromy, 1979) that took into account 1984 per capita reporting rates (American Humane Association, 1986) and whether reports must be made to the police.[1] Probability of selection increased with state population (proportional to population raised to the 0.4 power, except for two very large states, which were sampled with certainty). The resulting sample included equal numbers of states with populations under 3.0 million, 3.0 to 9.5 million, and over 9.5 million.

Health care professionals' names and addresses were drawn from national lists of professions and organizations. Names of family/general practitioners, pediatricians, and child psychiatrists were drawn from the *American Medical Association Master File of Physicians*, which identifies physicians by primary practice specialty. Names of clinical psychologists were drawn from the *National Register of Health Service Providers in Psychology*; social workers were sampled from the *Directory of Clinical Social Workers*. We deleted members of the latter two groups who indicated that their practices included adults only, about 20 percent for each group.

Public schools and child care centers were sampled from commercial lists of each. To ensure that our sample would not be dominated by small rural schools, we sampled public elementary and secondary schools with a probability proportional to the square root of enrollment. Because the child care list tended to include relatively large institutions, we sampled all eligible centers in a state with equal probability. To be eligible, a center could take no children over the age of six.

The survey was mailed in spring 1987 to general and family practitioners, pediatricians, child psychiatrists, clinical psychologists, and social workers. Slightly different forms of the survey were mailed to principals of public elementary and secondary schools and to heads of child care centers. (Appendix A contains a copy of the survey that was sent to health care providers as well as copies of those items that were modified for principals and child care providers.)

[1]This variable was selected because of its variation across states and because we believed it might influence the inclination to report.

The original survey mailing was followed 2 to 3 weeks later by a reminder postcard. Three weeks after that, nonresponders were mailed a second survey. The much lower initial response rate among child care providers led us to send this group an additional mailing that included a letter written by a child care provider.

Professionals who had not yet responded were then contacted by phone and asked to complete the survey. In all, 1,196 professionals responded to the survey, representing an overall response rate of 59 percent. Response rates were only 38 percent for general and family practice physicians; those of all other groups were at least 55 percent.[2] While these figures are not high, they are comparable or superior to response rates obtained in similar surveys of professionals (e.g., 32 percent, James, Womack, and Stauss, 1978; 60 percent, Saulsbury and Campbell, 1985; and 61 percent, Saunders, 1988).

Content

Respondents were asked to indicate whether they had ever reported child abuse or neglect and whether they had done so in the past year. Reasons for making these reports were elicited. Respondents were then asked to indicate whether they had ever suspected child abuse or neglect but had decided not to make a report. Respondents rated the importance of a number of reasons for this decision. Background information was also elicited on professional setting, experience, and various attitudes toward the child protective environment.

Vignettes

Self-report data of the type discussed above have inherent limitations, particularly when they are collected from respondents working in different professions. Professions vary in the numbers of children typically seen and in the reasons children are encountered. Children who visit mental providers, for example, generally do so because of emotional or behavioral difficulties or because of family problems. These problems may be manifestations of abuse. By contrast, physicians are far more likely than other mandated reporters to see children who have been injured. These injuries may be signs of physical or sexual abuse. Finally, educators may see early signs of abuse or neglect in the course

[2]Although we were unable to collect data about nonrespondents, it is reasonable to assume that professionals who chose to complete the survey were more interested in, and perhaps more concerned about, child abuse and child abuse reporting than were nonresponders. Differences in response rates by profession, combined with the data reported below, support this assumption, which should be kept in mind when reviewing study findings.

of encounters with students unselected for having emotional difficulties or injuries.

In light of these differences, we decided it was critical to embed in our survey instrument a means of collecting more comparable data from our respondents. We did so by beginning each survey form with five vignettes, each of which briefly described a case of possible abuse or neglect. The vignettes provided common stimuli across respondents and thus controlled to some extent for differences in the types of children they interact with and the incidents they see. The vignettes also permitted the exploration of the independent contributions of case characteristics to intended reporting and to other decisions that bear on reporting intentions.

The vignettes were preceded by a statement acknowledging that the level of information was obviously limited and that in real life, respondents would no doubt attempt to collect additional information before making a reporting decision, but that we would appreciate their making the best decision possible on the basis of the information provided. After each vignette, respondents made five judgments about the incident described. These judgments concerned (1) seriousness; (2) labeling of the incident as "abuse" (or "neglect," as appropriate); (3) whether the law would require a report in this instance; and the likelihood that (4) the child and (5) the rest of the family would benefit from a report. A sixth item asked respondents to indicate how likely they would be to report the incident if they encountered it (see Fig. 2.1 for the six questions). On the basis of open-ended pretesting with mandated reporters in a variety of professions, we determined that the first five of these questions captured issues that professionals frequently considered in deciding whether or not to report suspected maltreatment, a hypothesis tested and supported in Sec. V.

The vignette outcome variable—likelihood of reporting the case described—measures the respondent's behavioral intention. Behavioral intentions have been found to be significant predictors of actual behavior in a number of studies across a broad range of behaviors (see, e.g., Azjen and Fishbein, 1980; Sheppard, Hartwick, and Warshaw, 1988).

Each respondent received five vignettes selected from a set of 12 core vignettes we devised. These core vignettes included four cases of possible neglect, three of physical abuse, and five of sexual abuse. We included only five vignettes per survey to limit respondent burden. We were concerned that the inclusion of too many vignettes might reduce response rates or adversely affect the quality of responses to later vignettes.

1. Based on the information you have been provided, how serious is this situation?
   - Extremely serious 1
   - Very serious 2
   - Somewhat serious 3
   - Not very serious 4
   - Not at all serious 5

2. In your own professional judgment, does the situation described above constitute abuse?
   - Definitely yes 1
   - Probably yes 2
   - Probably no 3
   - Definitely no 4

3. In your view, would you be required by law to report this incident?
   - Definitely required to report 1
   - Probably required to report 2
   - Probably not required to report 3
   - Definitely not required to report 4

4. All things considered, what overall impact would a child abuse report be likely to have on this child?
   - Highly positive impact 1
   - Somewhat positive impact 2
   - Somewhat negative impact 3
   - Highly negative impact 4

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?
   - Highly positive impact 1
   - Somewhat positive impact 2
   - Somewhat negative impact 3
   - Highly negative impact 4
   - Little or no impact 5

6. How likely would you be to report this case?
   - Almost certainly would report 1
   - Very likely to report 2
   - Somewhat likely to report 3
   - Not very likely to report 4
   - Almost certainly would not report 5

Fig. 2.1—Vignette questions and response options

To analyze the effects of a range of case characteristics (e.g., child race and severity of injuries) and the levels of these characteristics on report-relevant judgments, we varied each core vignette itself as a function of several factors. Twelve factors found to be important in the child abuse literature, including severity, history of previous abuse, and family socioeconomic status, were varied across vignettes, with the number of factors varied within each core vignette ranging from two to five. (See Table 2.1 for a presentation of these factors by core vignette and Fig. 2.2 for one version of each of the 12 core vignettes.)

The objectives of the vignette design required that each respondent receive a unique set of vignettes. The computer programs we designed for assigning core vignettes and variations achieved the following goals:

- Each core vignette was received only by members of professions for which the situation was appropriate (right side of Table 2.1). Moreover, when a vignette was sent to more than one group, wording was customized to the workplace setting of the respondent.
- Each professional received a roughly equal mix of neglect, physical abuse, and sexual abuse vignettes.
- No professional received vignettes that mentioned only minority or nonminority families.
- The factor design was as balanced as possible across all members of a professional group.

These objectives were achieved through the use of arithmetic sequences to assign vignettes (Zellman and Bell, 1987)—procedures that provided the control necessary for the first three objectives together with faster convergence to the last objective than random assignment could have allowed. Once assigned to a professional, vignettes were printed in random order.

We are not unaware of the criticisms associated with the use of vignettes as a means of investigating intended behavior. Vignettes present limited information in an unrealistic way. Nor can one examine actual behavior. Instead, what is elicited are expressed behavioral intentions. Both criticisms are valid in this study. However, these criticisms are balanced at least in part by some advantages. First, vignettes permit the exploration of the independent contributions of case and personal characteristics to intended reporting and to other judgments that may bear on the reporting decision. Second, they are fairly easily administered to large groups of respondents in the context of a relatively low-cost mail survey. On balance, we believe they represent a useful means of gaining additional knowledge about the report decisionmaking process.

Table 2.1

VIGNETTE GENERATION DESIGN

Vignette	Sex	Age	Factors	Respondent Group: Primary Care Physicians[a]	Mental Health Providers[b]	Child Care Providers	Elementary Principals	Secondary Principals
Neglect								
No medication	F	5	Perpetrator intent: lazy/poor/incompetent Previous incidents: yes/no	X	X	X	X	X
Latchkey child	F/M	4/8	SES: clinic/private Prior relationship: yes/no Age: 4/8 Gender Previous incidents: yes/no	X	X	X	X	
Ingested pills	F/M	18 months	SES: clinic/office Perpetrator intent: retarded/upset with child gender Gender Previous incidents: yes/no	X				
Left alone/drugs	M	13	Severity: Mother selling drugs to kids/not selling Gender Race: black/white					X
Physical abuse								
Son hit with belt	M	6/14	Age: 6/14 Prior relationship: yes/no Severity: moderate/severe Perpetrator intent: anger/learned SES: welfare/middle class	X	X	X	X	X
Infant slapped	M	6 months	Ethnicity: Hispanic/white Prior relationship: yes/no	X	X	X		

Table 2.1—continued

Vignette	Sex	Age	Factors	Respondent Group: Primary Care Physicians[a]	Mental Health Providers[b]	Child Care Providers	Elementary Principals	Secondary Principals
Teen beaten	F	14	SES: attorney/carpenter Recants: yes/no	X	X			X
Sexual abuse								
Teen molested	F	14	SES: attorney/carpenter Recants: yes/no Severity: rubbed breasts/exposed self/intercourse	X	X			X
Adult abused as a child[c]	F	24	Risk: not remarried/2 young stepchildren Access: known address—lives nearby/left state—no known address		X			
Boy molested	M	3/8	Age: 3/8 Perpetrator relationship: babysitter/estranged father Race: black/white	X	X	X	X	
Gonorrhea	F	6	Race: black/white Prior relationship: yes/no	X				
Father admits fondling	F	6/14	Age: 6/14 Child gender SES: machinist/accountant/accountant seen socially Perpetrator intent: father drunk/child provocative	X	X	X	X	X

[a]This category includes family/general practitioners, and pediatricians.
[b]This category includes child psychiatrists, clinical psychologists and social workers.
[c]This vignette has its own metric and is not included in many analyses.

BEST COPY AVAILABLE

Neglect Vignettes

Five-year-old Mara shows up for her regular checkup wheezing and coughing heavily and having difficulty breathing. Her mother reports that Mara has not taken her daily asthma medication for the last two weeks because the prescription ran out, and she can't afford to buy more until she gets paid at the end of the month.

When four-year-old Melanie fails to show up for her first day at your nursery school, you phone to see what happened. Melanie answers the phone and tells you that her mommy and daddy are both at work. When you ask to speak to someone else, she tells you that she is home alone. When you call there the next day after she misses another day, you find Melanie at home alone again.

Mrs. Arnold, a mother who you suspect is mildly retarded, brings 18-month-old John to the clinic's waiting room without an appointment. He needs immediate attention, having swallowed an unknown amount of anti-hypertensive medication.

A counselor, Mrs. Varon, comes in to talk to you about a 13-year-old white student, Chris Manning. She is concerned because Chris has missed 18 out of the last 30 days of school, and when he does show up, he is withdrawn and disturbed. Mrs. Varon also tells you that she has heard that Chris' mother is heavily into cocaine. When you call the Manning home, Chris answers and tells you he is home alone. He doesn't expect his mom back that evening, he says, since she usually spends the night at her boyfriend's.

Physical Abuse Vignettes

The Reeds, a well-dressed middle-class family who are new to your school, come to see you because neither parent can get their six-year-old daughter Mara to obey. Mr. Reed tells you that he uses a belt on Mara just as his dad did to him, but lately it isn't working. Mr. Reed admits that he hit Mara yesterday and the belt left a red mark on her neck. When you ask to see it, you observe several raised welts.

When the Alvarados, who are all long-time patients in your practice, bring in six-month-old Juan for a checkup, Mrs. Alvarado complains that Juan cries a great deal—much more than her other children ever did. She believes he does it to make her mad, and she often slaps his mouth to make him stop.

Fig. 2.2—Examples of the twelve core vignettes

Early Tuesday morning, you receive a phone call from Mrs. Nash, a parent of an eighth-grade student. Mrs. Nash reports that when driving the carpool yesterday afternoon, she heard 14-year-old Jennifer Hackett telling the other girls that her stepfather, a carpenter, had been beating her a lot recently, and that the broken wrist she said she had gotten from falling off her bike was actually caused by her stepfather. When Jennifer comes to your office, you ask her about what you heard. Jennifer says she made up the story to amuse her friends.

Sexual Abuse Vignettes

Early Monday morning, you receive a phone call from Carol Nash, the married sister of 14-year-old Jennifer Hackett, whom you have been seeing for some time. Mrs. Nash reports that last weekend she overheard Jennifer telling a friend on the phone that her stepfather, a carpenter, had exposed himself to her several times recently. Mrs. Nash decided to call you because she knew Jennifer was seeing you that day. When you ask Jennifer about what you heard, she starts to cry and refuses to talk about it.

Louise Madden, a 24-year-old woman whom you have been seeing for some time because of difficulties relating to men, reveals that her father molested her from the time she was five until her parents divorced when she was ten. Her father is now living in a nearby town. He has recently married a woman with two young children.

James Simmons, a three-year-old white boy, was referred to you by his preschool. The referral was made because James had fondled several children on the playground and masturbates frequently. When you speak with James' mother, Mrs. Simmons, she angrily states that she is sure that James' male babysitter, whom she hired so that James would have more time with men, has been abusing her son. Physical findings are negative.

The Collins, a black family you have been seeing for years, bring in six-year-old Linda because of vaginal discharge. The lab report indicates that Linda has gonorrhea.

During his annual physical, Richard Lewis, an accountant, reveals that recently he has been drinking heavily. When you question him, he confides that several times recently when he has gotten drunk, he has lost control of himself and has fondled his 14-year-old daughter Gina.

Fig. 2.2—continued

FIELDWORK

In the second year of the project, visits were made to six states to explore CPS agency policies and procedures that might bear on mandated reporter behavior. The six fieldwork states were selected from among the 15 states in which mandated reporters had been surveyed the previous year. States were selected to obtain a range of values, including extremes, on four variables derived from survey results: (1) the percentage of respondents who indicated that they had encountered busy phones or would expect to encounter busy lines when making a report; (2) the mean percentage of children perceived to benefit from a report being made; (3) the percentage of respondents who indicated that they always received feedback on cases they had reported; and (4) the percentage of respondents who had made a child abuse report in the past year. Correlation coefficients among these variables were generally low (<.10), with the highest correlation (r = .21) found between getting frequent feedback and judging that a higher percent of children benefit from reports. Analyses of variance revealed significant differences among states for each of the variables.

We selected states that showed different patterns among the four aforementioned variables. When multiple states with similar patterns were available, our selections sought to produce a more geographically balanced sample. The resulting fieldwork sample included three very populous states, one other large state, and two predominantly rural states.[3]

In each selected state, two county-operated or local area offices of the state agency were visited, as well as the central administrative office of the state protective agency. The field visits, which lasted four to seven days, focused on all aspects of the policies, management, and operations of public protective agencies as well as their characteristic responses to protective reports from both mandated sources and others. Interviews with legislators, advocates, professional associations, mandated reporters, district attorneys, and social service professionals at the state and local levels provided a more comprehensive picture of each state's (and where applicable, county's) public image and its unique problems and capabilities. A total of 103 fieldwork interviews were conducted.

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[3]To encourage more candid responses from fieldwork interviewees, we agreed not to reveal the names of participating states.

III. REPORTING BEHAVIOR AND MOTIVATIONS

REPORTING BEHAVIOR

More than three-quarters of the 1,196 respondents were found to have made a child abuse report at some time in their professional careers. Rates of ever-reporting, however, varied considerably as a function of profession, as shown in Table 3.1. Nearly all elementary school principals had reported at some time in their careers (92 percent). Rates of ever-reporting were nearly as high for child psychiatrists (90 percent) and pediatricians (89 percent). Rates of ever-reporting were lower but still fairly high among secondary school principals (84 percent) but were far lower among social workers and psychologists (70 percent and 63 percent, respectively). By far the lowest rate of ever-reporting was found among child care providers. The 50 percent ever-report rate among members of this group may reflect their frequent employment in centers where such matters are handled at higher levels or their provision of services to relatively small numbers of children. (See Sec. VI for further discussion of these patterns.)

For most of the professionals in our sample who had ever reported, reporting was neither a distant nor a rare event. As shown in Table 3.1, 56 percent had made a child abuse report in the last year. Reporting rates in the last year by profession followed a pattern similar to that for ever-reporting, with a few exceptions. Reporting in the last year was highest for elementary school principals (84 percent). A comparison of their ever-report rate to last-year rate finds that over 90 percent of those who had ever reported had done so in the past year. Reporting in the last year was also fairly common among pediatricians (71 percent), secondary principals (68 percent), and psychiatrists (67 percent). Approximately one-third of child care providers, psychologists, and social workers indicated that they had reported abuse or neglect in the last year.

Failure to Report

Almost 40 percent of respondents admitted that at some time in their careers they had suspected abuse or neglect but had decided not to make a report. There were substantial differences across professional groups in failure-to-report (FTR) rates, as shown in Table 3.1. Child psychiatrists were most likely to have failed to report, and child care providers and pediatricians were least likely to have done so. All

Table 3.1

LIFETIME PREVALENCE AND ANNUAL INCIDENCE OF CHILD ABUSE REPORTING AND FAILURE TO REPORT BY PROFESSION

Behavior	Professional Group								
	Family/ General Practitioners (N = 88)[a]	Pediatricians (N = 243)	Child Psychiatrists (N = 99)	Clinical Psychologists (N = 176)	Social Workers (N = 195)	Child Care Providers (N = 109)	Elementary Principals (N = 148)	Secondary Principals (N = 112)	Total Sample (N = 1,170)
Ever report child abuse or neglect	75.0[b]	89.3	89.9	63.1	69.7	50.5	91.9	83.9	77.3
Reported in last year	43.2	70.5	67.0	38.6	38.7	33.6	83.8	67.9	56.0
Percent who reported in last year/ percent ever reported[c]	57.6	79.0	74.5	61.3	55.4	66.7	91.2	80.9	72.5
Ever failed to report child abuse or neglect	35.2	30.0	58.2	44.3	51.3	23.6	37.7	33.6	39.3
Failed to report in past year	19.5	17.2	32.0	22.7	27.0	13.2	23.0	23.4	22.1

[a]These sample numbers apply to row 1 and may vary slightly for other rows depending on the amount of missing data.

[b]Cell entries represent the percentage of respondents in the specified profession who indicated that they had performed the behavior in question.

[c]Cell entries in this row are the percentage in each profession indicating they had reported in the last year divided by the percent indicating they had ever reported. In the case of family/general practitioners, the cell entry 57.6 is the result of 43.2 divided by 75.0.

the other professions were intermediate and tightly grouped on FTR rate in the past year.

The FTR rate in the last year was 22 percent for the sample as a whole. Thus, of the people who had ever failed to report, most had done so at least once in the past year (56 percent). This suggests that much of the FTR that we captured in our survey occurred rather recently and was not the product of lack of knowledge about reporting laws or about child abuse that characterized the reporting environment as recently as 10 or 15 years ago.

An open-ended question on the survey—in which respondents who had ever failed to report were asked to describe the reasons they had withheld a report in a specific instance—lends support to the assertion that FTR in our sample was not a historical artifact. In only one of the 416 coded responses was historical era given as a reason. In this instance, the respondent indicated that the reporting law had just been passed in her state, and she was not then aware of the reporting obligation for members of her profession.

Patterns of Reporting Behavior

To provide a clearer picture of reporting behavior, we combined the two variables that measured lifetime reporting behavior into a single variable with four categories that described each respondent's reporting history: (1) no reporting and no FTR; (2) any reporting and no FTR; (3) any reporting and any FTR; and (4) no reporting and any FTR. We named these four categories (1) no involvement; (2) consistent reporting; (3) discretion; and (4) FTR only. We also created a variable with the same categories using reporting behavior over the past year.

As Table 3.2 illustrates, the most common lifetime reporting pattern in our sample was consistent reporting, which is what the law requires. Forty-four percent of respondents indicated that they had reported at some time and had never failed to do so. The second most common pattern was discretionary reporting. One-third of the sample fell into this category, indicating that they had reported at some time but had also failed to report. Seventeen percent had neither reported nor failed to report and thus remained outside the child abuse reporting arena. Finally, 6 percent of respondents had a lifetime pattern that included no reporting but at least one instance of FTR. The past-year figures for consistent reporting and for FTR only were similar to the lifetime figures.

Most of the difference between the marginal distributions for the ever-report and past-year variables is confined to the noninvolvement

Table 3.2

LIFETIME AND PAST YEAR REPORTING PATTERNS BY PROFESSION

Behavior	Professional Group								
	Family/ General Practitioners (N = 85)[a]	Pediatricians (N = 227)	Child Psychiatrists (N = 96)	Clinical Psychologists (N = 172)	Social Workers (N = 189)	Child Care Providers (N = 105)	Elementary Principals (N = 145)	Secondary Principals (N = 109)	Total Sample (N = 1,128)
Lifetime									
No involvement	20.0[b]	8.4	7.3	27.9	18.0	39.0	6.2	11.9	16.7
Consistent reporting	43.5	61.7	33.3	27.9	31.2	37.1	55.9	54.1	43.9
Discretion	30.6	28.2	56.3	34.9	38.6	13.3	35.9	31.1	33.4
Only FTR	5.9	1.8	3.1	9.3	12.2	10.5	2.1	2.8	6.0
Past year									
No involvement	46.4	26.9	23.4	57.0	49.7	59.0	12.2	28.2	37.7
Consistent reporting	33.3	56.4	43.6	20.9	23.6	27.6	64.6	48.2	40.3
Discretion	10.7	14.1	24.5	16.9	15.7	6.7	19.0	20.9	16.0
Only FTR	9.5[c]	2.6	8.5	5.2	11.0	6.7	4.1	2.7	6.0

[a]These sample numbers apply to lifetime behavior and may vary slightly for past-year behavior. Samples in this table are slightly smaller than those in Table 3.1 because inclusion in this table requires complete data on both reporting and failure to report items.

[b]Cell entries represent the percentage of respondents in specified professions whose reporting behavior produced the indicated patterns.

[c]Columns may not sum to 100.0 owing to rounding.

and discretion categories. In the past-year variable, we see noninvolvement by many professionals who had reported, failed to report, or both in the past. Likewise, there are professionals who have both reported and failed to report in their lifetimes, but did only one or neither in the past year.

We cross-classified lifetime and past-year reporting variables to assess the extent to which reporting behavior in the last year reflected lifetime reporting patterns. The results (not shown) indicate that almost 80 percent of those who reported consistently over the last year said that they had reported all suspected abuse in their lifetimes as well. This figure suggests that consistent reporting tends to be a stable individual behavior. In contrast, 55 percent of those who had reported none of the abuse they had seen in the past year had previously reported suspected abuse at some time. It would thus appear that FTR only is a less stable individual pattern than consistent reporting.

Looking at the four-level variable for the last year by profession, we see significant differences in reporting behavior patterns by professional group. As shown in Table 3.2, elementary school principals and, to a slightly lesser extent, pediatricians were the most likely to have always reported in the past year, whereas psychologists were least likely to have done so.[1] Child care providers and psychologists were most likely to have had no child abuse involvement in the preceding year, neither reporting nor failing to report. In the case of child care providers, some of this lack of involvement may reflect ignorance; this group was more likely than any other except family/general practitioners to indicate that not being sure how to make a report was a very important factor influencing past decisions not to report suspected abuse, as discussed below. In contrast, only a very rare elementary school principal did not become involved with child abuse reporting in some way. And very few elementary school principals indicated that not knowing how to make a report was a very important factor influencing the decision not to report.

It is interesting to note that child care providers are underrepresented in the discretionary reporting and FTR only categories. It would appear that this group, more than any of the others in our sample, either has no involvement with reporting or reports consistently.

The three groups of mental health professionals—child psychiatrists, clinical psychologists, and social workers—are noteworthy, when examined together, for their tendency not to report consistently, findings

[1]One possible reason for high report rates among principals is their different relationship to suspected abuse and neglect. Unlike other professionals in our sample, principals almost always learn of suspected maltreatment secondhand, from teachers. If teachers pre-screen, this might reduce rates of failure to report among principals.

that are discussed in more detail below. Psychologists and social workers rank lowest in consistent reporting in the past year, and psychiatrists rank highest in the use of discretion. Social workers rank highest of all seven professions in only failing to report in the last 12 months.

REASONS FOR REPORTING

We asked those respondents who had ever reported to rate the importance of the following reasons for doing so: (1) the legal requirement to report; (2) fear of a lawsuit if a report were not made; (3) the reporting policy in the respondent's workplace; (4) a desire to get help for the child or the family; (5) to help the family see the seriousness of the problem; (6) to ensure continued treatment; (7) to stop maltreatment; (8) to bring CPS expertise to bear in the case; and (9) to bring in the police to act quickly and effectively to protect the child. Multiple reasons could be rated as important.

An overwhelming number of respondents attributed their past reports to the most positive and protective reasons cited. As shown in the last column of Table 3.3, 92 percent indicated that stopping maltreatment was a very important reason for past reporting, while 89 percent indicated that getting help for the family was a very important motivator. For 77 percent of respondents, helping the family see the seriousness of the problem was a very important reason for past reporting.

The demands imposed by the reporting law were also a significant motivator of reporting. Seventy-one percent indicated that the legal requirement to report was a very important factor influencing their decision to make past reports—certainly an argument for mandated reporting. In contrast, workplace reporting policy and bringing CPS expertise or police protection to bear on a case were far less likely to be rated important motivators of past reports.

Some effects of profession are evident in Table 3.3. Family/general practitioners appear to be less motivated than other groups to report because of the law or fear of a lawsuit. They are also less likely to be influenced to report by their workplace reporting policy; this reflects their strong tendency to practice in private group or solo settings, as discussed in Sec. VI.

It appears that child psychiatrists and psychologists are less likely than other groups to believe that a report will help the child or family, will help the family see the seriousness of the problem, or will stop maltreatment. They are also least likely to rate "bringing CPS

Table 3.3

REASONS FOR MAKING CHILD ABUSE REPORTS RATED VERY IMPORTANT BY EVER-REPORTERS BY PROFESSION

Reasons for Reporting	Professional Group								
	Family/ General Practitioners (N = 65)[a]	Pediatricians (N = 219)	Child Psychiatrists (N = 85)	Clinical Psychologists (N = 115)	Social Workers (N = 140)	Child Care Providers (N = 58)	Elementary Principals (N = 137)	Secondary Principals (N = 93)	Total Sample (N = 912)
Legal requirement	50.8[b]	65.3	72.9	71.3	82.1	74.1	77.4	74.2	71.6
Fear of lawsuit for FTR	7.7	16.6	13.1	18.6	19.6	32.7	17.8	26.9	18.6
Workplace reporting policy	15.6	22.4	27.2	29.2	44.6	66.7	57.8	55.9	38.2
Get help for child or family	93.8	91.8	79.1	79.1	91.4	96.7	92.0	93.5	89.6
Help family see seriousness of problem	75.8	73.6	70.9	65.2	86.9	88.1	82.5	80.4	77.4
Ensure continued treatment	50.0	66.4	40.7	42.5	60.3	88.9	61.2	61.8	58.9
Stop maltreatment	93.8	93.6	84.7	89.6	94.3	98.2	94.1	90.0	92.4

Table 3.3—continued

Reasons for Reporting	Professional Group: Family/ General Practitioners (N = 65)[a]	Pediatricians (N = 219)	Child Psychiatrists (N = 85)	Clinical Psychologists (N = 115)	Social Workers (N = 140)	Child Care Providers (N = 58)	Elementary Principals (N = 137)	Secondary Principals (N = 93)	Total Sample (N = 912)
Bring CPS expertise to bear	37.5	46.1	19.0	23.5	39.4	66.0	55.9	49.5	42.0
Police would act to protect child	28.6	36.1	20.5	26.8	31.3	63.0	53.4	44.4	37.3

[a]Sample numbers reflect the exclusion of respondents who indicated that they had never reported.

[b]Cell entries represent the percentage of professionals in the specified group who rated the reason as very important in their decisions to report suspected maltreatment.

expertise to bear" as an important reason for past reporting. These patterns may be influenced by the treatment skills these groups possess; when they compare their own treatment skills with those CPS agencies offer families, they may conclude that CPS staff are not that helpful. In contrast, most principals and child care providers, who lack such skills, considered bringing CPS expertise to bear a very important reason to report.

REASONS FOR FAILING TO REPORT

Those respondents who indicated that they had ever failed to report were asked to rate the importance of 21 different reasons underlying their decisions not to do so. These reasons included personal concerns, such as fear of being sued or not knowing how to report; concerns about the effects of a report on the child, such as increased risk of abuse or neglect or possible disruption of the family unit; victim characteristics (e.g., the victim was an adult); case characteristics (e.g., the case was already reported); evidence issues (e.g., the abuse or neglect was not serious enough to report, lacked sufficient evidence, or the situation resolved itself); and system concerns (e.g., CPS services are of poor quality, authorities are unlikely to do anything, or police would respond insensitively).

Varimax rotation of a factor analysis identified three clusters of reasons for FTR. One cluster, which we labeled "bad for me," focused on costs to professionals (e.g., concern that reports are too time-consuming or fear of lawsuits for reporting). A second cluster, "I can do better than the system," included a range of criticisms of CPS agencies (e.g., CPS agencies overreact to reports or poor quality of CPS services), *and* indications that the respondent believed he or she could do more for the child (e.g., I could help the child better myself, the report would disrupt treatment). The third cluster, "not reportable," included a number of evidence-based reasons for not reporting (e.g., abuse or neglect was not serious enough to report or evidence was insufficient that abuse or neglect had occurred). Table 3.4 presents several reasons from each cluster.

The levels of endorsement of these reasons for FTR provide some important insights into how mandated professionals view the reporting laws. Reporting laws typically require that professionals be reasonably vigilant and that they report their suspicions or reasonable belief that maltreatment is occurring or has occurred. These laws generally state clearly that reasonable suspicion or belief is sufficient to precipitate a report. Indeed, professionals are explicitly prohibited from conducting

Table 3.4

RATINGS OF REASONS FOR FAILING TO REPORT BY THOSE WHO HAD EVER FAILED TO REPORT BY PROFESSION

Reasons for Failure to Report	Professional Group: Family/ General Practitioners (N = 34)[a]	Pediatricians (N = 90)	Child Psychiatrists (N = 54)	Clinical Psychologists (N = 75)	Social Workers (N = 100)	Child Care Providers (N = 28)	Elementary Principals (N = 61)	Secondary Principals (N = 40)	Total Sample (N = 492)
Bad for me									
Reports take too much time	2.9[b]	2.3	0.0	0.0	1.0	4.2	1.6	0.0	1.2
Fear of lawsuit for reporting	0.0	2.3	1.7	2.7	3.0	9.5	1.6	2.4	2.5
Discomfort with family	0.0	3.4	0.0	1.4	2.0	15.0	5.1	0.0	2.6
I can do better									
CPS overreacts to reports	5.9	11.5	7.1	12.2	12.0	4.8	0.0	8.0	8.0
CPS services are of poor quality	9.1	11.6	23.2	19.2	22.5	10.0	8.2	7.3	15.5
Could help the child better myself	2.9	18.4	21.1	24.0	29.1	14.8	13.3	10.0	19.3
Treatment was already accepted	12.1	16.3	33.3	32.9	40.2	5.3	6.7	20.0	24.2
Report would disrupt treatment	11.8	20.7	28.1	23.2	27.5	4.8	8.6	2.4	19.0

Table 3.4—continued

Reasons for Failure to Report	Professional Group								
	Family/ General Practitioners (N = 34)[a]	Pediatricians (N = 90)	Child Psychiatrists (N = 54)	Clinical Psychologists (N = 75)	Social Workers (N = 100)	Child Care Providers (N = 28)	Elementary Principals (N = 61)	Secondary Principals (N = 40)	Total Sample (N = 492)
Not reportable									
Lacked sufficient evidence that abuse has occurred	67.6	63.6	57.9	55.1	49.5	76.0	59.7	73.8	59.9
Abuse or neglect not serious enough to report	25.7	35.6	38.6	28.4	36.3	28.0	37.3	27.5	33.4
Situation resolved itself	18.2	19.3	10.7	21.3	29.3	26.1	13.6	20.0	20.3
Case already reported	18.2	21.8	35.1	16.0	22.0	9.5	11.7	24.4	20.7

[a]Sample numbers reflect the exclusion of respondents who indicated that they had never failed to report.

[b]Cell entries represent the mean percentage of professionals in the specified group who rated the reason as "very important" in their decisions not to report suspected abuse or neglect.

any further investigation; they are required to report their suspicions in a timely manner, with timeliness often defined quite precisely in the law (Maney, 1988). Further, they are cautioned not to exercise professional discretion in choosing which cases to report.

Several of the reasons one-sixth of more of respondents considered very important factors in their decisions not to report clearly violated these requirements. The 20 percent of respondents who ascribed great importance to the fact that the situation had resolved itself, for example, had probably allowed a nontrivial amount of time to elapse after the initial suspicion of abuse in order for this to occur. Some of these respondents may have conducted some investigation or provided some support or services to facilitate such a resolution. Analysis of the open-ended question in which respondents described reasons they had not reported suspected maltreatment in a specific instance revealed that when professionals suspect abuse, they sometimes make a referral or arrange services for a family. These services frequently reduce or stop the abuse and leave the respondent comfortable with a decision not to report.

Almost 60 percent of those who had failed to report cited lack of sufficient evidence as a very important reason for having done so. This reason was also found to be the most important reason cited for FTR in an earlier local survey of physicians (Saulsbury and Campbell, 1985). The widespread importance of this judgment clearly implies that some professional judgment and discretion enter into reporting decisions. In these cases, it would appear that the professional had at least some reason to suspect that abuse or neglect had occurred but nonetheless chose not to report because the available evidence was not sufficiently compelling, or because such evidence seemed inadequate to support a suspicion of abuse or neglect. Similarly, one-third of those who had ever failed to report had made a professional judgment that the maltreatment they suspected was not serious enough to report and viewed this judgment as a very important factor influencing their decision not to report.

About one in five respondents who had failed to report cited treatment-related reasons as very important factors influencing their decision not to report. Nineteen percent of respondents indicated that concerns that a report would disrupt treatment was a very important reason for FTR. And 19 percent of respondents cited their belief that they could help the child better themselves as a very important reason they had failed to report suspected abuse or neglect in the past. This set of responses represents yet another instance of the application of professional judgment to the reporting decision. In these cases, mandated reporters were obviously deciding that if a family had agreed to

treatment, there was no need to report the case—a policy sanctioned by law in one state until very recently. Moreover, a decision to report in such cases might cause the family to leave treatment, which was inimical to one important goal of making a report in the first place.

Several mental health professionals to whom we spoke during the process of pretesting our instrument (child psychiatrists, clinical psychologists, and social workers) considered the above reasoning little more than common sense. They argued that the best one could hope for when a case of child abuse is reported is that the child be protected and that the child, the family, or both receive treatment designed to help the child recover from the trauma of abuse and to reduce the risk of abuse in the future. They believed that such an outcome is not likely when a case is reported because protective systems lack the resources to provide such treatment (see, e.g., Conte, 1988, and Fraser, 1986).

Moreover, they believed, there is a substantial risk that a family that has already accepted treatment will terminate voluntary treatment when confidentiality is necessarily breached in order to make a report, an outcome that has not been examined empirically but is worthy of study. This family will not be inclined to accept any treatment made available by CPS staff in the unlikely event that it is offered. Some respondents among these groups further contended that the quality of treatment offered by CPS agencies is rarely very good and that treatment by a private provider was the best possible option. Thus, when these professionals cited "I could help the child better myself" as a very important reason for FTR, they were, in their view, weighing issues of treatment access and treatment quality against the law's requirements. This reasoning led to decisions that violated the reporting laws.

Widespread support for such reasoning is evident in the strong endorsement among mental health professionals of treatment-based reasons for not reporting, as shown in Table 3.4. Child psychiatrists, clinical psychologists, and social workers were more likely than other groups to rate "report would disrupt treatment" and "treatment was already accepted" as important reasons for past FTR. Pediatricians joined them in rating "I could help the child better myself" as a frequently endorsed reason for FTR. Mental health professionals were also more likely to consider the poor quality of CPS services as an important reason for FTR. It may be that these professionals, who are skilled in providing treatment themselves, are more likely to compare the services provided by CPS agencies with their own treatment and to find CPS resources wanting. The fact that 16 percent of all respondents, and higher percentages of mental health professionals, considered the poor quality of CPS services an important reason for FTR supports this speculation.

Only one of the reasons for FTR considered very important by more than one-sixth of respondents—that the case had already been reported—appears not to violate the language or intent of the reporting laws. Many laws explicitly release a mandated reporter from the obligation to report if the reporter is aware that a case has already been reported.

It is also worthwhile to note those reasons that did not figure importantly in decisions not to report. These include "reports take too much time" (1 percent), "not sure how to do it" (2 percent), "fear of lawsuit for reporting" (2 percent), "your discomfort with the family" (3 percent), and a belief that "CPS overreacts to reports" (8 percent). It is striking but not surprising that those reasons for FTR that are most personal or "selfish" are least likely to be described as important factors in FTR decisions. Yet an examination of these reasons by profession reveals some notable differences. It appears that child care providers, the lowest-status professional group in our survey, ascribe more importance to "selfish" reasons for FTR, which may reflect both their lack of child abuse reporting experience and their lack of status vis-à-vis their clients. For example, while physicians in the sample, who are of higher status than nearly all their patients, rated discomfort with the family as of little significance in FTR decisions, 15 percent of child care providers rated this as a very important reason for past FTR.

Obviously, ascribing little importance to selfish reasons may reflect an effort to appear to oneself and the researchers as selfless and child-oriented. Alternatively, it may reflect respondents' actual decision processes. Concerns about children and families, given the trauma of a report and investigation together with the low probability that a report will result in treatment, may dominate decisionmaking (Conte, 1988). In subsequent chapters, we pursue the report decisionmaking process in more detail.

DISCUSSION

While consistent reporting of suspected child maltreatment is the most prevalent reporting pattern in our data, many professionals fail to report. But consistent FTR appears to be rare. More commonly, professionals who fail to report seem to do so in some instances but report other cases. The reasons our respondents offered for past FTR suggest that FTR decisions are frequently made on the basis of individual case characteristics—e.g., that there wasn't enough evidence, the suspected abuse was not serious enough to report, or initial impressions proved misleading. Our data indicate that few professionals consider their

ignorance concerning how to report an important reason for past decisions not to do so.

Such widespread use of discretion clearly violates the reporting laws, which require professionals to report any reasonable suspicion or belief that child abuse has occurred. Substantial differences in reporting patterns by profession, discussed briefly above, provide some preliminary clues about the factors that professionals consider in deciding whether to report suspected abuse. Concern about the quality of CPS services is apparent, particularly among mental health providers. The implications of these concerns for reporting are pursued in more detail in subsequent sections.

IV. THE IMPACT OF WORKPLACE AND PERSONAL CHARACTERISTICS ON REPORTING BEHAVIOR

INTRODUCTION

Decisions about whether or not to report suspected maltreatment do not occur in a vacuum. To the contrary, professionals who are likely to come into contact with children in the course of their work were included in the reporting laws precisely because they were expected to encounter suspected abuse or neglect in their work settings. The kind of work they do and where they do it may well have a bearing on reporting behavior.

The effects of profession and of workplace factors on reporting behavior have been the source of much speculation and anecdotal evidence but limited data. Most people assume, for example, that professionals in private practice are less likely to report than their colleagues in clinics or hospitals. Similarly, many believe that recent prosecutions of staff in a few school districts around the country for delayed reporting or failure to report (FTR) have increased school staff concerns about the personal consequences of FTR and have increased their inclination to report.

Implicit in these beliefs are a number of hypotheses about the effects of work setting on reporting behavior. These include the following:

1. Settings in which professionals are more visible (e.g., hospitals) are more likely to promote reporting than are settings in which professionals work more autonomously (e.g., private practice).
2. One reason professionals in hospitals, clinics, and schools may be more likely to report is that these settings are more likely to include formal structures for monitoring reporting behavior (e.g., child abuse review teams, written reporting policies). These structures may serve to increase reporting of suspected maltreatment and thus diminish failure to report.
3. Another reason hospitals, clinics, and schools may promote reporting, if indeed they do, relates to the large number of children typically seen in such places. It may be that child maltreatment becomes a more salient issue when larger numbers of children are seen. As child maltreatment becomes

more salient, professionals are more likely to learn how to diagnose abuse and how to make reports.

4. Settings differ, often substantially, in the kinds of children they serve. Research suggests that such child characteristics as race and social class may influence professionals' reporting behavior in specific cases. At an aggregate level, these characteristics may also influence reporting.
5. Different settings may impose very different reporting costs on would-be reporters. For example, in those hospitals, clinics, and schools where professionals are salaried, time spent in making reports or court appearances does not affect one's income. In these settings, too, the loss of a patient who feels betrayed by a report may be both less likely (because lower-income clinic patients have fewer treatment options) and less costly. In contrast, a professional in private practice who loses patients he or she has reported may suffer immediate loss of income and, if perceived as someone who makes reports, may be less able to attract other patients in the future.

Individual professionals within work settings also bring unique personal characteristics to reporting decisions. A number of demographic, attitudinal, and background characteristics have been identified as potentially important mediators of reporting behavior.

The potential reporter's age, gender, and race have all been identified as factors of possible significance in understanding reporting behavior. It has been suggested, for example, that older professionals, who were trained before child abuse reemerged as a modern social concern, may be less likely to suspect abuse. Limited data also suggest that women may be more likely to report (see, e.g., Giovannoni and Becerra, 1979). Studies indicating that the child's race influences reporting decisions (Hampton and Newberger, 1985) suggest that a reporter's race may be important as well.

Formal child abuse training has long been advocated as a means of sensitizing mandated reporters both to the existence of child abuse and to their obligation to report it. It is naturally assumed that such training is at least somewhat effective in promoting reporting and in reducing potential reporters' inclination to avoid it. In consonance with the importance attached to training, it is widely assumed that increasing professionals' knowledge about child abuse will promote reporting. These assumptions have not, however, been empirically tested.

Attitudes about making reports have been hypothesized to influence reporting behavior. Several such attitudes have been identified. One

set concerns the personal costs associated with making reports. These costs may include time lost from work, loss of income, anxiety about confronting parents (Morris et al., 1985), countertransference reactions (Pollak and Levy, 1989), and concern about either a possible court appearance and testimony or a lawsuit.

A second set of attitudes that may influence reporting focuses on the agencies that are responsible for receiving and investigating reports. Reporters' views of the competence and sensitivity of CPS staff, together with their sense that their reports will ultimately benefit the children and families they report, are hypothesized to influence reporting behavior.

Our data afforded us an opportunity to explore the effects of some of the workplace and reporter characteristics noted above on the reporting behavior of mandated reporters. In this effort, a series of linear regression models were estimated. Separate models were estimated for physicians and mental health providers, for school principals, and for child care providers because slightly different questions were asked of these groups and because different variables were likely to be important in understanding reporting behavior. The results of these analyses are described below.

MEASURES OF WORKPLACE AND PERSONAL CHARACTERISTICS

Independent variables used in the regression equations are those that had the most apparent predictive value in preliminary regression analyses. Other variables were dropped.[1] The practice/school/center income index is based on one item that asked respondents to indicate the percentages of the patients/clients/children that they "work with" whose approximate income level could be characterized as high, middle, and low. These percentages were combined as follows:

$$\text{INCINDX} = \frac{100 \times (\%\ \text{high income}) + 50 \times (\%\ \text{low income})}{(\%\ \text{high} + \%\ \text{middle} + \%\ \text{low})}$$

This formula produced a measure of the aggregate affluence of each respondent's clientele. On this measure, 50 indicates as many low- as high-income clients. Zero would indicate all low-income clients, 100 that all clients are high income.

[1]This procedure, combined with the fact that different groups were asked slightly different questions in the first place, meant that model estimates were based on somewhat different variables across professional groups.

Knowledge of child abuse laws was assessed through response to a survey question that asked, "Under the law in your state, are people in your profession *legally obligated* to make a child abuse or neglect report when their suspicions are based on what a child says or how he acts?" Respondents who gave a "yes" response were characterized as knowledgeable, while those responding "don't know" or "no" were classified as low in knowledge.

Three attitude indices were constructed by an averaging of responses to several related survey items. Negative personal consequences of reporting was assessed through the use of a nine-item index that included a range of possible costs, e.g., time lost from normal work, loss of income, loss of client/patient/student, risk of lawsuit, fear of gaining a reputation as a "reporter," parental anger, personal upset, court appearance, or loss of rapport with family.

Negative CPS attitudes was based on ten items. Eight items assessed the adequacy of CPS staff training, staff flexibility, professionalism, and the like. Two separate items asked respondents to indicate the percentage of children likely to first benefit, and then suffer, from a report made.[2] Negative consequences to the child reported is based on four items, each presenting a problem that might result from a report: increased risk of abuse, removal of the child from the family, removal of the child from treatment or school, and other problems. On each index, high scores indicate impediments to reporting.

GROUP DIFFERENCES ACROSS PROFESSIONS

Because professional groups vary in their background, training, and workplace characteristics, it is important that differences by profession on report-relevant variables be identified at the start. As Table 4.1 shows, important differences exist among the professional groups in our sample.

As might be expected, pediatricians report the highest percentage of children in their practices, with a mean above 95 percent. Since they also see many more patients than all the other groups except family/general practitioners, who see a far lower percentage of children, pediatricians see many more children weekly than any other group. This figure is far lower for child psychiatrists and is quite low for clinical psychologists, social workers, and family/general practitioners. This item was not asked of principals, who were assumed to interact, more or less intensively, only with children.

[2]Because these items did not share a common range, we standardized the variables before taking the average.

Table 4.1

REPORT-RELEVANT VARIABLES BY PROFESSION

Variable	Professional Group							
	Family/ General Practitioners (N = 90)[a]	Child Psychiatrists (N = 102)	Clinical Psychologists (N = 178)	Social Workers (N = 196)	Pediatricians (N = 244)	Child Care Providers (N = 111)	Elementary Principals (N = 149)	Secondary Principals (N = 113)
Practice/workplace characteristics								
Percent practice devoted to children	21.4	53.8	20.8	18.2	95.8	NA	NA[e]	NA
Median number patients/ clients seen weekly	110	29	24	24	110	NA	NA	NA
Practice/school/ center index[b]	40.8	50.2	44.9	41.0	41.4	38.9	35.5	40.7
Percent exclusively in private practice[c]	80.0	72.4	65.9	58.9	67.0	NA	NA	NA
Abuse-relevant workplace variables								
Child abuse review team at work Percent Yes	14.3	29.0	17.4	23.2	22.3	38.7	42.3	42.5
Importance of workplace policy in reporting decisions (Percent very and somewhat)	32.8	48.1	46.9	59.2	39.8	83.3	81.5	74.2
Child abuse experience								
Serve as child abuse resource person (Percent yes)	7.8	39.2	28.5	32.8	38.6	NA	NA	NA

Table 4.1—continued

Variable	Professional Group							
	Family/ General Practitioners (N = 90)[a]	Child Psychiatrists (N = 102)	Clinical Psychologists (N = 178)	Social Workers (N = 196)	Pediatricians (N = 244)	Child Care Providers (N = 111)	Elementary Principals (N = 149)	Secondary Principals (N = 113)
Confidence to treat abuse yourself (Percent very)	12.2	43.0	34.5	47.2	28.2	30.6	35.8	32.4
Any child abuse training								
None	50.0	28.4	43.8	32.6	32.0	36.4	43.0	43.2
Ten hours or less	37.8	35.3	32.6	29.6	28.3	45.4	43.0	48.6
Over 10 hours	12.2	36.3	23.6	37.8	39.8	18.2	14.1	8.1
Report relevant attitudes[d]								
Negative personal consequences of reports	36	36	41	37	37	48	32	31
Negative CPS attitudes	42	53	49	50	42	45	40	44
Negative consequences to child reported	48	57	56	52	45	53	46	52

[a]These sample numbers apply to row 7 and may vary slightly for other rows.

[b]Index ratings of 50.0 indicate that the practice is middle income.Ratings below 50.0 indicate that more patients are low income than high income.

[c]Includes solo and group practice.

[d]These measures are based on a 100-point scale with 0 = not at all negative.

[e]NA = item not asked or not applicable.

With the exception of child psychiatrists, all groups reported that low-income clients slightly outnumbered high-income clients in their practices, schools, or centers. More than half of the physicians and mental health care providers practice exclusively in a private practice setting, spending no time in clinics or hospitals (see Table 4.1). Nearly all of the family/general practitioners in the sample work exclusively in private practice. Social workers are least likely to work exclusively in private practice settings.

The last three rows of Table 4.1 make it evident that family/general practitioners have the least involvement with child abuse of all the groups in our sample. They are substantially less likely than members of the other groups to serve as child abuse resource personnel and are much less likely to report that they feel confident to treat child abuse themselves. Child psychiatrists and pediatricians are most likely to serve as child abuse resources, while child psychiatrists and social workers report the highest levels of treatment confidence. Family and general practitioners are the least likely to have had any formal child abuse training, and of those who reported having any such training, few had had more than 10 hours. Many school principals had no formal training, and of those who had, few had had 10 hours or more. In contrast, more than one-third of the other physicians who reported that they had had any training indicated that they had received 10 hours or more of formal instruction. Child psychiatrists reported the highest rates of formal child abuse training.

Principals were most likely of all groups to have a child abuse review team at work. More than one-third of child care providers also reported having such a team. Family/general practitioners were the least likely to have one, a fact consistent with their low level of involvement in child abuse (see Sec. III).

A strong group difference emerged on the item about workplace reporting policies. While more than three-quarters of the educator group considered these policies a very important factor influencing their reporting decisions, the perceived importance of these policies was substantially lower among physicians and mental health providers. The latter finding reflects more than anything else the heavy involvement of this group in private practice, where any policies that do exist are likely to be *ad hoc*.

As shown in Table 4.1, professionals in our sample believed that reports were as likely to harm children as help them. Most believed that reports would not have negative personal consequences for them; school principals were least likely to expect reports to hurt them personally. Interestingly, day care providers scored highest on this scale. The principals' results probably reflect the financial and professional

security of principals, who are unlikely to suffer even if a child changes schools as a consequence of a report. Clear reporting policies in most school districts also reduce the personal risks associated with reporting. In contrast, child care providers may experience such costs if reported children leave their care. Their limited contacts with CPS agencies may be based on these fears and may serve to reinforce them.

Elementary principals were least likely of all professional groups to identify problems with CPS staff and operations. Child psychiatrists were most likely to see such problems. Elementary school principals and pediatricians were least likely to believe that reports caused problems for the children reported. Mental professionals were far more likely to report or to anticipate such problems.

PREDICTING REPORTING BEHAVIOR

Physical and Mental Health Care Providers

Using past-year behavior, four separate models were estimated to predict the four reporting patterns possible in our data: no abuse seen, only FTR, consistent reporting, and discretionary reporting. Each model contrasts the indicated reporting pattern with the other three patterns combined. Positive cell entries indicate that high values of the characteristic in the designated row are associated with a higher likelihood of the occurrence of the reporting pattern in the designated column. Overall, the workplace and attitudinal variables that we included in our regressions do not explain a large amount of the variance in health care professionals' reporting patterns. Nor is profession per se very important in understanding child abuse reporting behavior, at least among highly educated physical and mental health practitioners. Profession diminishes in importance in these equations because the workplace variables included in them index some of the salient features of working in specified professional environments.

No Involvement. Column 1 of Table 4.2 reveals that a number of variables are important in predicting no involvement with child abuse reporting (i.e., no reports and no FTR) during the past year. Several variables stand out. Lack of involvement is more likely if a professional sees fewer children each week. Health care professionals who are less knowledgeable about the child abuse reporting laws and who do not serve as resources for child abuse in their workplaces are less likely to be involved with child abuse reporting. Those who perceive negative personal consequences for reporting are also less likely to have seen any abuse in the past year. Lack of involvement is more likely among

Table 4.2

PHYSICAL AND MENTAL HEALTH PROVIDER BEHAVIOR AS A FUNCTION OF WORKPLACE AND REPORTER CHARACTERISTICS
(t-statistics)

Variable	Consistent Reporting	Discretion (some reports, some FTR)	No Involvement (no reports, no FTR)	Only FTR (no reports, some FTR)
Professional group				
Family/general MD	.13	.48	.93	−.87
Pediatrician	1.20	−.32	2.20[b]	−1.35
Child psychiatrist	1.44	−.59	−.14	−1.31
Psychologist	.88	.90	1.43	−2.60[b]
Social worker	—[a]	—[a]	—[a]	—[a]
Children seen weekly (logarithm)	1.45	−.49	−5.66[d]	1.49
Practice income index	.02	−1.00	1.66[b]	1.39
Reporter age	−.06	1.39	1.82[b]	−1.88[b]
Reporter male	−2.51[b]	2.20[b]	−.68	.65
Reporter white	−1.40	.71	.23	1.10
Confidence to treat abuse oneself	1.08	−1.88[b]	1.49	1.04
Negative personal consequences of report	−1.90[b]	.59	1.92[b]	2.01[b]
Negative CPS attitudes	−2.47[b]	2.34[c]	−.34	.38

Table 4.2—continued

Variable	Consistent Reporting	Discretion (some reports, some FTR)	No Involvement (no reports, no FTR)	Only FTR (no reports, some FTR)
Negative consequences to child reported	−4.35[d]	3.72[d]	−.97	1.25
Child abuse reporting knowledge	1.12	−.91	−4.00[d]	−.39
Formal child abuse training	1.12	−.65	−1.79[b]	−.76
Resource person	−.84	2.09[b]	−5.65[d]	−1.70[b]
Practice setting: private/no clinic	−2.16[b]	.46	1.65[b]	2.58[c]
Review team at work	−1.03	1.67[b]	−.22	−.83
R^2	.20	.14	.30	.14

[a]No t-statistic is available for social workers, as they served as the comparison for the other professional groups.
[b]t-statistic significant at $p < .10$.
[c]t-statistic significant at $p < .01$.
[d]t-statistic significant at $p < .001$.

professionals who work exclusively in private practice settings and who treat higher-income patients. Little or no formal child abuse training, older age, and employment as a pediatrician are also associated with lack of involvement.

Professionals who have had no involvement with child abuse reporting have remained uninvolved in part because they see a fairly small number of children in their professional practice each week. Lack of child abuse knowledge and training may reduce the likelihood that these professionals entertain the possibility that the injuries or problems their child patients present might be due to child abuse. Working exclusively in private practice settings affords them little or no opportunity to learn more about abuse and may shield them from having to report—something they may be disinclined to do if they believe that reports will have negative personal consequences.

The effects of age are as expected. Older practitioners, who were trained when child abuse was less salient, are likely to be less involved in reporting. The significant relationship between lack of training and noninvolvement suggests that later training could compensate for the age effect.

Only FTR. Column 2 of Table 4.4 presents the regression for the behavior pattern in which abuse was suspected but was never reported (FTR only). To be included in this category, a professional must be sufficiently aware of abuse that he or she can choose not to report it. Hence, only failing to report differs from no involvement at all.

The best predictor of FTR only was exclusive employment in a private practice setting. Compared with colleagues who work in clinics or hospitals, those who work only in private practice settings are more likely to fail to report only. It is interesting to note that any time spent weekly in a clinic or hospital was associated with a significantly reduced probability that a respondent would be categorized as FTR only. It appears that for those in private practice, spending any time at all in clinics or hospitals decreases the tendency to recognize but not report suspected maltreatment. This effect may be due to the greater awareness of child abuse in clinics and hospitals, to the larger numbers of children seen in these settings, or to the existence of formal reporting mechanisms (e.g., a suspected child abuse and neglect (SCAN) team) in many such sites.

Consistent Reporting. Consistent reporting, which is what the law requires, is best predicted by beliefs that reports generally do not result in negative consequences for the child who is reported. A positive view of CPS agencies also contributes significantly to consistent reporting. As shown in column 3 of Table 4.2, consistent reporters are also more likely to be female and are less likely to spend all their time

in private practice. The perception of few negative personal consequences of making reports is also associated with a pattern of consistent reporting.

Discretionary Reporting. Discretionary reporting—i.e., reporting some of the time and failing to report at others—characterized the behavior of many of the mental health professionals who completed our survey, as discussed in Sec. III. As shown in column 2 of Table 4.2, beliefs that reports may have negative consequences for the child who is reported and negative attitudes about CPS agencies are the major predictors of discretionary reporting. Discretionary reporters are well integrated into the child abuse reporting structures in their workplaces, being significantly more likely to serve as child abuse resource personnel than other professionals and to have a review team at work. They also report slightly greater confidence in their ability to treat abuse themselves.

These predictors of discretionary reporting help explain why the use of discretion is common among mental health professionals. More than other professional groups, they feel confident in their ability to treat abuse themselves, as discussed in Sec. III. Such confidence may in some instances make nonreporting an acceptable option. In cases where the would-be reporter believes the report might have negative consequences for the child, he or she can choose to provide treatment himself or herself. This self-treatment option may also allow mental health professionals to look at CPS agencies and their performance more critically than would members of other professions.

Summary. We were best able to predict no abuse seen (noninvolvement with the reporting system) and consistent reporting, and were least able to predict discretionary reporting and consistent FTR. One reason for the relatively low variance statistics in Table 4.2 is surely that individuals are basing reporting decisions on abuse-relevant judgments and on specific case characteristics (to be discussed in Secs. V and VI).

Nevertheless, some workplace and attitudinal variables did emerge as important. The most consistent one was working exclusively in private practice, which was associated with no involvement and only FTR and was negatively associated with consistent reporting. Attitudes toward the costs and benefits of making reports were also important predictors of reporting patterns. When the costs—either to the professional or to the child—were perceived to be high, reporting was less likely. Discriminant analyses, discussed in App. B, confirm these results.

School Principals

We were less successful in predicting the reporting patterns of principals than we were in predicting the reporting patterns of physical and mental health care providers, as shown in Table 4.3. This reflects greater homogeneity among principals than among physical and mental care providers in their work settings and incentives to report. The strong dependence of principals on district reporting policies, which generally are clear in requiring reports, reduces the importance of other workplace and reporter characteristics in predicting reporting. Nevertheless, some factors deserve brief comment.

Lack of involvement with child abuse reporting (no reports, no FTR), which characterized a small minority of principals in our sample, was best predicted by employment as a secondary principal and by perceptions of potentially negative consequences to the child reported. Interestingly, previous child abuse training was associated with lack of involvement in reporting.

We were best able to predict consistent reporting. Principals who are more knowledgeable about child abuse reporting and those least likely to perceive negative personal consequences in making reports were most likely to report suspected abuse consistently. Male respondents were also more likely to report consistently.

Discretionary reporting was best predicted by the obverse of two of the above variables. Respondents who perceived negative personal consequences of reports and who were least knowledgeable about child abuse reporting were most likely to use discretion.

Child Care Providers

As discussed in Sec. III, child care providers were far less likely than any other group in our sample to have ever made a child abuse report. They were also less likely to have failed to report the abuse or neglect that they suspected. As a group, their most common reporting pattern was no involvement with reporting—neither making reports nor suspecting abuse and then deciding not to report. This lack of involvement is notable given the institutional character of the settings in which they work. Nearly all (90 percent) of the child care providers included in our sample worked in centers that served more than 20 children each. Over one-third worked in large facilities serving more than 80 children.

The strong tendency for child care providers to fall into the no-involvement category, together with their relatively small numbers in our sample (N = 111), led us to treat them separately, thereby sharply

Table 4.3

PRINCIPAL REPORTING BEHAVIOR AS A FUNCTION OF WORKPLACE AND REPORTER CHARACTERISTICS

	Consistent Reporting (N = 165)	Discretion (some reports, some FTR) (N = 165)	Any Reporting (consistent reporting and discretion) (N = 203)	No Involvement (no reports, no FTR) (N = 203)
School grade level				
Elementary	.44[a]	−.21	1.84	−1.82
Junior high/middle school	−.28	.33	1.22	−1.29
Senior high	_[b]	_[b]	_[b]	_[b]
School size				
Under 350	−1.39	.51	−1.02	.21
350–550	.26	−.81	.87	−1.45
550–799	−1.23	.57	.61	−1.44
800+	_[b]	_[b]	_[b]	_[b]
School SES	.26	−1.24	−.79	−.17
Years professional experience	−1.30	1.18	−1.44	1.52
Number of staff discussions of child abuse reporting in last year				
None	_[b]	_[b]	_[b]	_[b]
Once	−1.17	1.98[c]	.54	.30
Twice	−1.52	2.36[c]	.91	−.17
Three times	−.74	1.44	.56	.09
Four or more times	.06	.77	.60	.21
Respondent male	1.84[c]	−.93	1.36	−.54
Confidence to treat	.09	−.29	−1.40	1.32
Negative personal consequences of report	−2.30[c]	2.45[c]	.30	−.23
Negative CPS attitudes	−.85	.73	−.53	.32
Negative consequences to child reported	−.56	.75	−1.37	1.87[c]
Child abuse reporting knowledge	3.04[d]	−2.13[c]	.23	.85
Formal child abuse training	−.31	.71	1.86[c]	−1.77[c]
R^2	.20	.18	.12	.11

[a]Cell entries are t values

[b]No t-statistic is available for this variable, as it served as the comparison for the categories preceding it.

[c]Significant at $p < .10$.

[d]Significant at $p < .01$.

limiting the analyses we could do. In particular, very small sample sizes led us to abandon the multiple regression analyses we attempted. The discussion that follows focuses on the no-involvement and consistent reporting patterns, the most common ones for this group.

The strongest correlate of no-reporting involvement among child care providers was the size of the setting in which they worked. When fewer children were served in a setting, the likelihood of no involvement with child abuse reporting was substantially higher ($r = -.33$). Child care providers who had had little formal child abuse training were also significantly less likely to recognize or report child abuse or neglect ($r = -.29$).

These findings are generally consistent with those for the other professional groups in our sample. Exposure to fewer children, whether one is a physician, a mental health provider, or a child care provider, decreases the likelihood of any awareness of or involvement with child abuse reporting. Lack of formal child abuse training is associated with lack of involvement in reporting among physical and mental health practitioners and child care providers.

Consistent reporting among child care providers is correlated with facility income index ($r = -.49$), with providers in settings in which children tend to come from lower-income families more likely to report consistently. The lack of a strong correlation between facility size and income index ($r = -.11$) suggests that this relationship between children's economic status and provider reporting behavior is not due to the effects of facility size on reporting behavior discussed above.

SUMMARY AND CONCLUSIONS

Our data indicate that workplace characteristics, levels of child abuse knowledge and training, and attitudes about the benefits of reporting all bear on reporter behavior. Across professions, consistent reporting is more likely when reporters view CPS agencies fairly positively and believe that neither they nor the children they report are likely to suffer as a result of the reports they make. Child abuse knowledge and training also increase the likelihood of consistent reporting, particularly among educators and child care providers.

About one-quarter of health care professionals and half of all child care providers in our sample have had no reporting experience. Health care professionals who work exclusively in private practice settings and who see few children are more likely to be uninvolved with reporting. Child care providers who work with fewer children are also likely to fall into this category. These uninvolved professionals are less

knowledgeable about reporting and have had less formal training. Our data suggest that required training might be useful, as discussed below.

Our analyses confirm a commonly held view that it is professionals in private practice who are most responsible for consistent failure to report. But the regressions also indicate that *any* clinic or hospital involvement on the part of private practitioners erases this effect.

Use of discretion in making reports is not reserved for those in private practice. However, other aspects of work setting are associated with the use of discretion among health care providers. It appears that review structures and service as a child abuse resource both contribute to discretionary reporting patterns. Beliefs that reports often have negative consequences for children most strongly promote the use of discretion. Among principals, less child abuse knowledge and perceptions that reports carry substantial personal costs are associated with discretionary reporting.

These findings suggest some approaches to changing the reporting behavior of mandated reporters. For example, if one's goal is to induce professionals who have never reported or who have only failed to report to become involved with the system, efforts to increase reporting knowledge through formal child abuse training may be the most effective approach.

While not possible in most cases, compelling some involvement with child maltreatment may be a very effective way to promote reporting among previously uninvolved health and child care providers. Our data suggest that spending some time in a clinic or coming to perceive oneself as a resource person for child abuse would reduce barriers to reporting. Anecdotal data from the field-based portion of our study support this notion. In one county we visited, the district attorney's office contacted a pediatrician in private practice who was known to be regularly failing to report serious cases of suspected abuse. In return for an agreement not to prosecute, this physician agreed to undergo intensive child abuse training that included some time in a hospital setting. The training caused a dramatic change in this physician's behavior; he has become a local child abuse activist and now offers child abuse training for his colleagues.

More knowledge is unlikely to change the attitudes or reporting behavior of those mandated reporters whose concerns about the negative personal consequences of making reports may reduce their inclination to do so. Improved access to CPS agencies would reduce some of these costs—e.g., time lost from normal work. Training that focuses on the benefits to children of making reports might also help reweight the cost-benefit equation for those not involved. Such efforts may not be

possible or ethical given the current overloaded state of CPS agencies (see Sec. VIII).

Nor is more knowledge likely to change the behavior of discretionary reporters, who are generally very knowledgeable about child abuse. Concerns about the efficacy of reports are the most important predictors of discretionary reporting patterns. These experienced reporters appear to be deciding on a case-by-case basis whether a report would be likely to benefit the child or family, and if benefits are unlikely, a report is not made. Changes in perceived efficacy would depend heavily on improved CPS performance. This in turn would require substantially increased resources for intake, investigation, and treatment.

V. UNDERSTANDING THE REPORT DECISIONMAKING PROCESS

Although a number of studies have identifed specific case characteristics associated with reporting (see, e.g., Giovannoni and Becerra, 1979; Hampton and Newberger, 1985; Morris, Johnson, and Clasen, 1985; and O'Toole, Turbett, and Nalepka, 1983; and Sec. VI of this report) and others have identified reporter characteristics that bear on reporting behavior (see, e.g., Giovannoni and Becerra, 1979, and Secs. III and IV of this report), our goal here was to establish whether a coherent process could be identified that characterized the report decisionmaking process across cases and reporters. If such a process exists, identifying it would be extremely useful in furthering our understanding of reporting behavior. Such a process might also have relevance to the design and implementation of screening and risk assessment models in child protective agencies.

We hypothesized that any coherent decisionmaking process would be based in a set of abuse-relevant judgments that might be applied by potential reporters across specific cases. Our vignette data, in which respondents read and responded to a series of carefully controlled vignettes, allowed us to assess the contributions of five abuse-relevant judgments to reporting intentions. The abuse-relevant judgments, described in Sec. II, concerned the seriousness of the incident, use of the label "abuse" or "neglect" (as appropriate), beliefs concerning whether the law would require a report in this instance, and whether the child and, separately, the rest of the family would benefit from a report.

ANALYSIS GOALS

Our analyses were driven by two goals. The first was to study the relationship between the five abuse-relevant judgments and the measure of reporting intention. We wanted to assess the degree to which the abuse-relevant judgments influenced respondents' inclination to report the incidents described in the vignettes. We planned in these analyses to explore a number of hypotheses. One was that the perception that the reporting law required a report in a specific instance would increase the intention to report. Another was that perceptions that a report would not be helpful to the child or the family would

reduce the respondent's likelihood of reporting. We also hypothesized that the perceived seriousness and application of the abuse or neglect label would increase intent to report. Understanding these relationships would also shed light on the report decisionmaking process.

The second goal was to examine the relationships among abuse-relevant judgments. We wanted to know, for example, if judgments about the seriousness of an incident are related to use of the label "abuse" to describe the incident (see, e.g., Herzberger, 1988). What is the relationship, if any, between perceptions of seriousness and the perceived efficacy of making a report? Do respondents believe that when the suspected abuse is more serious, the child is more likely to benefit from a report?

ANALYTIC CONTROLS

The analyses to answer these questions required accounting for the fact that each respondent had received a unique subset of vignettes, and the same core vignette included a number of factors that were varied across respondents. By using adjusted responses (described in App. C), we were able to draw inferences about abuse-relevant judgments as if every respondent had received the identical set of vignettes.

GENERAL FINDINGS

Across all 12 vignettes, the mean likelihood of reporting was 68 on a 100-point scale in which 0 = definitely would not report and 100 = definitely would report. This figure indicates that respondents fell between somewhat and very likely to report. On the four vignettes that most unambiguously portray abuse (teen beaten, teen molested, gonorrhea, and father admits fondling), the mean likelihood of reporting was 82, which is between "almost certainly would report" and "very likely to report."

To test whether the five questions that measured perceived seriousness, labeling, the law's demand, and benefits to child and family did in fact figure in decisions about whether or not to report a given incident, we derived correlation coefficients among them. We focused initially on the relationship of the first five measures to likelihood of reporting and then examined the relationships among the five abuse-relevant judgments themselves across all 12 core vignettes.

As shown in Table 5.1, the five abuse-relevant judgments are indeed rather strongly related to reporting intentions. Judgments about what the law requires in a specific instance are most strongly correlated with

likelihood of reporting across vignettes (r = .81), while perceived benefits to the rest of the family (excluding the child) are least strongly related (r = .37). A regression analysis in which we regressed likelihood of reporting on the five antecedent measures (shown in Table 5.2) indicates that together these five "antecedent" judgments account for a substantial amount of the variance in likelihood of reporting (R^2 = .71). It appears that we have been fairly successful in identifying general factors that professionals consider in deciding whether or not to report cases of possible maltreatment that come to their attention.

Moreover, these abuse-relevant judgments are strongly related to each other. Perceived seriousness of the incident is strongly correlated with the respondent's description of the incident as "abuse" (r = .58), with use of the abuse label more likely the more serious the rating of the incident. Application of the abuse label is also strongly correlated with a perception that the law required a report (r = .62). Interestingly, the correlation between seriousness and what the law required was lower, although still substantial (r =. 49). Part of the explanation for this lower correlation lies in the unique pattern of judgments that characterize the neglect vignettes, as described below.

Table 5.1

CORRELATIONS AMONG VIGNETTE ITEMS

	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
Seriousness[a]	1.00	.58	.49	.33	.23	.53
Abuse?	.58	1.00	.62	.37	.26	.61
Law requires a report?	.49	.62	1.00	.42	.30	.81
Report benefit to child	.33	.37	.42	1.00	.61	.49
Report benefit to rest of family	.23	.26	.30	.61	1.00	.37
Likelihood of report	.53	.61	.81	.49	.37	1.00

[a]Entry is the correlation of the standardized residuals of responses to the specified vignette items. The data for these correlations cover all 12 vignettes.

Table 5.2

LIKELIHOOD OF REPORTING AS A FUNCTION OF ABUSE-RELEVANT JUDGMENTS

Judgment	Coefficient[a]
Seriousness	.16[b]
Abuse?	.16[b]
Law requires a report?	.89[b]
Report benefit to child	.14[b]
Report benefit to rest of family	.07[b]
R^2	.71

[a]Cell entries are coefficients from a regression of question 6 (intention to report) on questions 1 to 5 (abuse-relevant judgments). The variables used in this regression are adjusted responses based on standardized residual from regressions that account for the factors varied in each vignette.

[b]Significant at a level of $p < .001$.

The two items that assessed the benefits of a report correlated most highly with each other ($r = .61$), an outcome that was not necessarily expected. It seemed as likely that reports perceived as benefiting children might be seen as harmful or disruptive to their families, particularly when the alleged perpetrator was a family member, as was the case in 10 of our 12 core vignettes.[1]

The two benefit items related more tenuously to the other vignette outcomes. Anticipated benefit to the child related only moderately to perceptions of seriousness, use of the abuse label, and perceptions of what the law required. Correlations between anticipated benefit to the rest of the family and perceived seriousness, use of the abuse label, and perceptions of what the law required were even lower. Varimax rotation of a factor analysis confirms these patterns. Items 1 (serious), 2 (abuse?), and 3 (what the law requires) load strongly on the first factor, along with item 6 (likelihood of reporting). Items 4 (benefit to

[1]In one of the remaining two vignettes, whether the alleged perpetrator was a family member or not was varied. In the final vignette, the identity of the perpetrator was not specified.

child) and 5 (benefit to rest of family) load on a second factor. Loadings on both factors averaged above .80.[2]

The factor analysis suggests that professionals may consider two different issues in deciding whether to report an instance of suspected maltreatment. One set of issues concerns the characteristics of the alleged maltreatment, particularly whether the would-be reporter believes it is serious and whether he or she defines it as abuse or neglect. These two judgments are highly related to a third: what the law is believed to require in the case in point. The latter judgment is most closely related to a decision to report, as discussed above. The second set of issues concerns the efficacy of a report—that is, whether the would-be reporter believes that a report would benefit the child or the child's family. These judgments, while positively related to each other, are less strongly related to likelihood of reporting.

DIFFERENCES BY TYPE OF ABUSE

The above analyses, which treat the vignettes in an undifferentiated way, obscure small but interesting differences in decisionmaking by type of maltreatment. As shown in Table 5.3, respondents discriminated among types of maltreatment on every vignette measure. Sexual abuse vignettes were rated the most serious, while physical abuse vignettes were rated least serious. Professionals were more inclined to label incidents of alleged sexual abuse as abuse than they were to label incidents of physical abuse or of neglect as abuse or neglect, respectively.

Respondents were far more inclined to believe that the law expected a report on sexual abuse vignettes than on vignettes describing physical abuse or neglect. Yet professionals were inclined to believe that reports of these sexual abuse cases would be more likely to harm than benefit the child reported. In fact, anticipated benefit to the child was lowest for the sexual abuse vignettes.

Respondents believed that reports of physical abuse or neglect would be more likely than not to have a negative impact on the rest of the family. This impact rating was less negative for the sexual abuse vignettes: respondents believed in these cases that the rest of the family was as likely to benefit as to suffer. Respondents indicated that they would be far more likely to report sexual abuse than to report either physical abuse or neglect.

[2]The vignette that describes Louise Madden, an adult who alleges she was abused as a child, was excluded from the factor analysis, because the vignette outcome items had to be slightly reworded to accommodate Louise's adult status.

Table 5.3

VIGNETTE OUTCOMES BY ABUSE TYPE

Vignette Type	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
Neglect (Four vignettes)	78[a]	73	63	60	47	65
Physical abuse (Three vignettes)	75	73	70	60	47	65
Sexual abuse (Four vignettes)[b]	83	83	83	47	50	83
Madden vignette	72	89	32	46	38	34

[a]Scale 0–100: 100 = extremely serious, definitely abuse/neglect, law definitely requires a report, benefits highly positive, respondent definitely would report; 0 = not at all serious, definitely not abuse, report definitely not required by law, benefits not at all positive.

[b]The Louise Madden vignette was tabulated separately because of its unique metric.

Regressions of likelihood of reporting by type of maltreatment confirm some of the ways in which respondents differentiated on the basis of abuse type. As shown in Table 5.4, the coefficients of variation for the three equations by abuse type were very high and similar, but the regression coefficients did vary by abuse type. The Madden equation was different for reasons discussed below. Although the law's requirements dominated decisionmaking for each type of abuse, the likelihood of reporting of the neglect vignettes was less influenced by what the law was perceived to require and was relatively more affected by judgments of seriousness and by use of the neglect label than was the case for the physical or sexual abuse vignettes. The perceived requirements of the reporting laws were more powerful predictors of anticipated reporting for the sexual abuse vignettes than they were for the other types of vignettes. Anticipated benefit to the rest of the family was not signficantly associated with likelihood of reporting for sexual abuse vignettes, the only relationship that was not significant.

The equation for the Madden vignette reveals relatively heavier weighting of anticipated benefits and less weighting of the law's requirements in reaching reporting intentions. Moreover, the amount of variance accounted for is considerably lower. These findings reflect

Table 5.4

LIKELIHOOD OF REPORTING AS A FUNCTION OF ABUSE-RELEVANT JUDGMENTS BY TYPE OF ABUSE[a]

Judgment	Vignette			
	Neglect (N = 4)	Physical Abuse (N = 3)	Sexual Abuse (N = 4)[b]	Madden (N = 1)
Seriousness	.23[e]	.14[e]	.14[e]	.11[c]
Abuse	.27[e]	.17[e]	.18[e]	.07
Law requires a report	.74[e]	.93[e]	.96[e]	.86[e]
Benefit to child	.19[e]	.12[e]	.13[e]	.21[e]
Benefit to rest of family	.07[d]	.10[e]	.03[e]	.15[e]
R^2	.71	.74	.71	.64

[a]Cell entries are coefficients from a regression of question 6 on questions 1-5. The variables used in this regression are adjusted responses based on standardized residual from regressions that account for the factors varied in each vignette.

[b]The Madden vignette is excluded because of its unque metric.

[c]Significant at a level of $p < .05$.

[d]Significant at a level of $p < .01$.

[e]Significant at a level of $p < .001$.

the special nature of this vignette, which involves the legal ambiguities surrounding the reporting of abuse by an adult victimized as a child (see, e.g., Weinstock and Weinstock, 1988). The lessened importance of the law's requirements no doubt reflects uncertainty about what those requirements are. The importance of benefits reflects questions of risk to other children, which may be a very real concern in these kinds of cases.[3]

These data indicate that while our five abuse-relevant measures appear to capture much of the variance in ratings of likelihood of reporting, they relate somewhat differently to that outcome as a function of abuse type. The data suggest that professionals attach relatively more weight to their judgments of seriousness and likely benefit to the child in deciding whether or not to report suspected neglect than they do in situations involving possible physical or sexual abuse. In

[3]For the Madden vignette, the two benefit items in the other vignettes were replaced by two items that asked respondents to rate impact. The first asked "What overall impact would a child abuse report be likely to have on spouse?" The second asked "What overall impact would a child abuse report be likely to have on other children?" The rating scales were the same as on the benefit items for the other vignettes.

sexual abuse incidents in particular, the major factor in the reporting decision appears to be the mandated reporter's judgment concerning whether the law requires a report. However, when the sexual abuse involves an adult account of childhood victimization, the law's requirements, while still the most important predictor of reporting intention, are accorded far less importance in the reporting decision.

These analyses help to explain why CPS agencies are receiving so many reports of sexual abuse. Sexual abuse cases are regarded by professionals as quite serious. The serious nature of these cases, combined with a strong sense that the law requires that they be reported, increases the likelihood of a report being made when sexual abuse is suspected. Even though professionals may question the benefit of the report to the child, these other factors dominate and translate into a high likelihood of reporting.

In contrast, professionals are less likely to believe that the law requires a report in cases of suspected neglect, and such considerations also figure slightly less in their inclination to report. The use of the neglect label and anticipated benefits to the child are more important in neglect reporting decisions than they are in predicting either physical or sexual abuse reporting. As the number of sexual abuse cases increases, would-be reporters may contrast these very serious cases with the suspected neglect they see and be less inclined to apply the "neglect" label than they were in the past or to report the incident.

SUMMARY AND CONCLUSIONS

Two sets of judgments appear to bear heavily on the likelihood of reporting suspected maltreatment. The first set includes seriousness and operational definitions of abuse, judgments that have been most often addressed in the literature (see, e.g., Giovannoni and Becerra, 1979, and Herzberger and Tennen, 1988). Combined with an assessment of what the reporting law was perceived to require in the case in point, these judgments were the major contributors to likelihood of reporting decisions across vignettes.

A second cluster of judgments concerns the predicted efficacy of making a report in a given case. Judgments of perceived benefit of a report for the child and for the rest of the family were positively correlated with each other and were significant predictors of likelihood of reporting, although the strength of the relationship between perceived benefits and intended reporting was smaller than that of the relationship between the seriousness/abuse label/legal requirement cluster and the likelihood of reporting outcome.

The relative contributions of these judgments to likelihood of reporting varies somewhat by type of abuse. In sexual abuse cases, the legal reporting requirement is the major contributor to reporting intention. In incidents of possible neglect, respondents' use of the neglect label and the anticipated benefits of a report are more important factors explaining variation in likelihood of reporting, although the reporting mandate still dominates decisionmaking.

While seriousness and the label of abuse are addressed in reporting legislation, albeit in a limited and general way, judgments by mandated reporters of the potential efficacy of a report are not. It may be that efficacy is presumed; certainly the framers of these laws did not intend potential reporters to consider likely outcomes when making reporting decisions.

Our data indicate, however, that mandated reporters do weigh efficacy judgments in making decisions to report suspected abuse and neglect. Since in many cases would-be reporters believe that a report is more likely to harm than to help the child or family, concerns about efficacy put professionals in a bind. While they are required under the law to report suspected abuse and neglect, they often must do so believing that their report will not be helpful to anyone, and may in fact be harmful.

Such individual-level behavior echoes broader concerns about the efficacy of reports as CPS systems are forced to deal with ever-growing numbers of reports of ever-more-serious abuse. Our own fieldwork data, discussed in Sec. VIII, indicate that attempts by CPS systems to cope with growing numbers of reports through more rigorous screening of calls, implementation of risk assessment models, or defining certain kinds of incidents as out of scope have led at least some professionals to reassess their own reporting behavior.

Our vignette data find respondents fairly willing to report abuse and to be guided by legal mandates to do so. Perceived seriousness and use of the abuse label increase perceptions of reportability and the likelihood of a report in specific instances. Judgments about the ultimate benefit of a report for a child and for the family also influence reporting decisions. These latter judgments are discussed in the context of CPS capacity in Sec. VIII.

VI. THE IMPACT OF CASE CHARACTERISTICS ON REPORTING DECISIONS

BACKGROUND

Professionals must weigh many factors when deciding whether to report suspected maltreatment. Characteristics of the child, the alleged perpetrator, and the circumstances surrounding a given case are potentially critical factors bearing on reporting decisions, as they may directly influence judgments about seriousness, use of the abuse label, and whether the law requires a report. Other characteristics (e.g., visible injury) may also be important because they provide professionals with "sufficient evidence" that abuse or neglect has occurred. As discussed in Sec. III, professionals weigh the lack of such evidence heavily in decisions not to report suspected abuse and neglect.

Drawing distinctions on the basis of at least some case characteristics makes considerable sense both logically and empirically. For example, neglect may have different meanings and manifestations when a child is four years old as opposed to fourteen (Eckenrode, Powers, Doris, Munsch, and Bolger, 1988). Similarly, physical injuries inflicted by an enraged parent may provoke different reactions than would the same injuries inflicted by a parent who believes that physical punishment is an essential component of responsible child rearing. Moreover, increasingly overburdened CPS agencies appear to be doing more screening than has been the case in the past (U.S. Department of Health and Human Services, 1988), and at least some of this screening is done on the basis of case characteristics—e.g., child age, type of abuse, and the relationship of the child to the alleged perpetrator. While such characteristics are almost always used to determine how quickly a response must be made, in actual practice the lowest-priority cases may never receive attention as higher-priority cases continue to flow in (see Sec. VIII). As a result, some professionals consider it both sensible and responsible to base reporting decisions on such characteristics, since it averts the potential costs of a report to the family when any benefit is highly unlikely (e.g., Besharov, 1986).

A number of research studies indicate that potential reporters and other research subjects do consider case characteristics in making report-relevant judgments. For example, Giovannoni and Becerra (1979) found that a description of the injuries that resulted from parental behavior was a significant factor influencing professionals'

severity judgments. When a description of the consequences of the abuse was presented to professionals, most judged the act as more severe. In another study (Attias and Goodwin, 1985), recanting of an incest allegation led one-third of private practitioners to decide not to make a report to CPS. The familiarity of the potential reporter with the family was found to be a consideration in reporting decisions in another study (Morris, Johnson, and Clasen, 1985).

Herzberger and Tennen (1988) found that college student respondents to their survey rated parental discipline as more severe and less appropriate when the child's precipitating misbehavior was described than when it was not. More limited evidence suggests that parental intention to inflict harm or the foreseeability of the injury that occurred as a result of parental action may also influence the perceptions and attributions of reporters (Giovannoni and Becerra, 1979).

Using data from the first National Incidence Study (U.S. Department of Health and Human Services, 1981), Hampton and Newberger (1985) examined the effects of a range of case characteristics on the actual reporting behavior of hospital personnel. They found that hospital personnel appeared to consider characteristics of the family in making reporting decisions. Specifically, reportable cases in which the child was white or more affluent were less likely to be reported to CPSs. O'Toole et al. (1983) found similar race effects on the decision to label an injury as child abuse. These findings of apparent class and race bias, while disturbing, need to be examined in a context in which other case characteristics can be held constant, which was not possible in Hampton and Newberger's investigation.

Using our vignette data, we were able to examine the impact of selected case characteristics while controlling for others. Unlike Hampton and Newberger, however, our outcome variable is behavioral intention rather than behavior.

IMPACT OF CASE CHARACTERISTICS

Respondents appeared to notice and respond to differences in vignettes. As shown in Table 6.1, abuse-relevant judgments varied, often substantially, as a function of selected case characteristics such as severity. These results are discussed in more detail below.

Predicting Vignette Outcomes

We used analysis of variance to test for the effects of the factors varied on each vignette. Separate analyses were run for each of the six

Table 6.1

MEAN VIGNETTE OUTCOMES BY VIGNETTE VARIATIONS

Vignette	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
Neglect						
1: No medication						
Intent						
Lazy	76[a]	78	61	62	47	61
No money	74	64	55	59	47	57
Child effectively resists	63	51	39	45	37	39
Previous incidents						
Yes	75	70	47	60	47	59
No	68	59	57	51	40	46
2: Latchkey child						
SES						
Clinic	77	81	72	64	49	74
"Your practice"	76	77	71	61	45	69
Prior relationship						
Yes	76	77	70	63	49	71
No	76	80	73	63	46	72
Child age						
4	86	88	83	70	52	83
8	66	69	59	55	42	60
Child gender						
Male	77	79	71	64	49	74
Female	75	78	71	61	46	70

Table 6.1—continued

Vignette	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
Previous incidents						
Yes	79	77	75	66	48	75
No	74	81	68	60	47	68
3: Ingested pills						
SES						
Clinic	80	64	54	54	46	56
Your office	85	65	56	60	48	59
Intent						
Upset about child's gender	81	63	56	54	43	55
Retarded	84	66	54	60	50	60
Child gender						
Male	83	64	54	55	47	57
Female	82	64	56	59	46	58
Previous incidents						
Yes	89	84	79	71	58	84
No	76	45	31	43	35	31
4: Left alone/drugs						
Severity						
Mother using drugs	76	83	75	64	50	80
Mother using and selling to teens	80	85	78	60	42	82
Gender						
Male	79	85	77	63	50	81
Female	77	83	77	61	42	81

Table 6.1—continued

Vignette	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
Race						
Black	76	84	74	57	42	79
White	80	84	80	67	50	83
Neglect means	78	73	63	60	47	65
Physical Abuse						
5: Son hit with belt						
Child age						
6	71	74	71	56	46	65
14	68	71	68	54	42	61
Prior relationship						
Yes	69	73	71	55	45	64
No	69	72	68	55	44	62
Severity						
Bruised thigh in past	64	66	61	52	43	54
Observed welts on neck	75	79	78	58	45	73
Intent						
Anger	70	74	71	55	45	64
Learned	69	71	69	55	43	62
SES						
"Welfare"	69	72	70	54	43	63
Middle class	70	74	69	56	46	63

Table 6.1—continued

Vignette	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
6: Infant slapped						
Ethnicity						
Alvarado	73	74	60	60	50	61
Greenberg	75	71	64	64	46	57
Prior relationship						
Yes	72	71	63	61	46	57
No	76	75	61	63	50	62
7: Teen beaten						
SES						
Prominent attorney	79	71	76	56	38	72
Carpenter	82	78	79	65	48	79
Recants						
Yes	73	65	66	54	40	65
No	89	85	89	66	46	87
Physical abuse means	75	73	70	60	47	65
Sexual Abuse						
8: Teen molested						
SES						
Prominent attorney	74	71	70	53	32	66
Carpenter	78	77	76	55	41	72
Recants						
Yes	66	64	60	47	35	55
No	86	84	85	61	39	83

Table 6.1—continued

Vignette	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
Severity						
Rubbed breasts	72	71	68	53	37	64
Exposed himself	72	72	68	51	39	66
Intercourse	85	81	82	58	34	77
9: Adult molested as a child						
Access						
Father out of state	71	89	31	49	38	33
Father in state	73	88	34	43	39	35
Risk						
No other children	71	96	27	38	32	25
Father remarried	73	81	37	54	45	44
10: Boy molested						
Child age						
3	78	71	75	65	56	75
8	81	74	78	62	53	77
Perpetrator relationship						
Male sitter	81	75	78	66	61	78
Estranged father	78	69	75	61	48	74
Race						
Black	80	73	78	66	58	78
White	79	72	75	62	51	74

Table 6.1—continued

Vignette	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
11: Gonorrhea						
Race						
Black	95	92	98	78	53	99
White	95	91	95	78	57	96
Prior relationship						
Yes	95	91	96	77	54	97
No	96	92	98	79	55	98
12: Father admits fondling						
Child age						
6	91	93	92	68	50	88
14	88	90	86	63	49	83
Child gender						
Male	89	92	89	63	47	85
Female	90	91	89	67	53	86
SES						
Machinist	90	92	91	65	51	88
Accountant	89	93	89	66	52	85
Accountant seen socially	89	90	87	64	46	83
Intent						
Drunk, lost control	89	92	89	66	51	88
Child provocative	90	92	89	64	49	85
Sexual abuse means	83	83	83	47	50	83

[a]All entries were converted from questionnaire responses to a scale of 0 to 100. Higher numbers are associated with increased propensity to see an event as serious and reportable.

outcome measures. Preliminary tests for two-way interactions revealed that very few were significant. Thus, we focus our analyses on main effects.

The amount of variance accounted for (R-squared values) are generally small, as shown in Table 6.2. Given that respondents appear to be noticing variations in case and family characteristics, these small values may reflect the use of substantial individual judgment in the formulation of conclusions concerning vignette outcomes. In other cases, such as the vignette in which gonorrhea is diagnosed (number 10, in Table 6.2), the core vignette elicits so much concern that the factors we varied—in this case race and the presence or absence of a prior relationship between the health care provider and the family—were unimportant. Nevertheless, some of the relationships are sufficiently strong to warrant discussion of the findings.

As shown in Table 6.2, case and family characteristics were generally more important in predicting ratings of seriousness, use of the abuse label, and likelihood of reporting than were the anticipated benefits of a report for the child or the rest of the family. These findings are not too surprising given that far more attention is paid in law and professional training to the issues of seriousness and what the law requires—in short, to definitions of abuse—than to the efficacy of reports. It is also possible that reporters believe case characteristics to be less important in predicting the likely effects of a report because such effects are perceived to depend more on the capacity and response of the CPS agency to which cases are reported.

Three case characteristics—previous abuse, severity, and recantation—stand out in Table 6.2. Each consistently predicts variations in vignette outcomes across vignettes.

Previous Abuse. A history of previous abuse, which was varied on three of the four neglect vignettes, had a significant impact on all five abuse-relevant judgments and on behavioral intention in virtually every instance, as shown in Table 6.1. Vignettes in which an earlier, similar incident was noted were rated significantly more serious and were more likely to be described as neglect. The law was perceived to require a report more consistently in these cases, and a report was believed to have a more salutary impact on both the child and the rest of the family. In each vignette, previous abuse was a significant predictor of intention to report, with likelihood of reporting higher when abuse had occurred in the past. The most striking effects of previous incidents appear on vignette number 3 (Table 6.1), in which a child ingests a prescription drug. In this case, the knowledge that this has occurred before apparently allowed respondents to rule out the reasonable hypothesis that the ingestion was an accident unlikely to occur again.

Table 6.2

VIGNETTE OUTCOMES AS A FUNCTION OF VIGNETTE FACTORS
(F values)

Vignette	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
Neglect						
1: No medication						
Intent	20.98[c]	62.22[c]	28.21[c]	17.01[c]	7.89[c]	28.40[c]
Previous	13.63[c]	27.80[c]	14.99[c]	15.99[c]	9.95[c]	26.82[c]
R^2	.09	.21	.11	.08	.04	.03
2: Latchkey child						
SES	.33	4.53[a]	.11	1.64	2.48	4.12[a]
Prior relationship	.01	2.13	1.62	.04	1.12	.23
Child age	127.06[c]	107.81[c]	88.18[c]	33.51[c]	15.35[c]	82.18[c]
Child gender	1.69	.07	.02	1.38	.98	2.35
Previous incidents	7.58[b]	5.18[a]	7.07[b]	4.65[a]	.32	7.84[b]
R^2	.24	.22	.19	.10	.08	.18
3: Ingested pills						
SES	5.15[a]	.10	.65	2.34	.17	.46
Intent	1.26	1.07	.70	2.24	3.13	1.72
Child gender	.29	.00	.16	1.30	.07	.06
Previous incident	25.94[c]	224.85[c]	204.97[c]	64.68[c]	34.52[c]	231.20[c]
R^2	.14	.49	.47	.25	.15	.50
4: Left alone/drugs						
Severity	.99	.14	.33	.62	1.86	.18
Gender	.49	.31	.01	.11	1.85	.00
Race	1.50	.02	1.35	4.25[a]	2.19	.90
R^2	.04	.01	.02	.06	.07	.03

Table 6.2—continued

Vignette	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
Physical Abuse						
5: Son hit with belt						
Child age	5.80[a]	5.23[a]	2.55	2.18	4.43[a]	4.35[a]
Prior relationship	.00	.35	1.44	.10	.37	.68
Severity	84.13[c]	65.03[c]	90.86[c]	11.57[c]	1.36	97.95c
Intent	.79	3.65	1.05	.06	1.24	1.56
SES	.47	1.17	.60	.85	2.04	.03
R^2	.09	.08	.10	.03	.02	.10
6: Infant slapped						
Ethnicity	.47	.81	1.80	1.56	1.03	1.28
Prior relationship	2.68	2.22	.26	.42	1.64	2.32
R^2	.10	.01	.01	.01	.01	.01
7: Teen beaten						
SES	3.37	13.60[c]	2.13	11.31	11.96[c]	7.57[b]
Recants	77.17[c]	101.15[c]	87.18[c]	16.83[c]	5.22[a]	81.21[c]
R^2	.15	.20	.16	.06	.04	.16
Sexual abuse						
8: Teen molested						
SES	4.82[a]	7.54[b]	4.75[a]	.57	8.73[b]	5.02[a]
Recants	113.06[c]	93.80[c]	98.76[c]	26.04[c]	1.81	105.53[c]
Severity	22.71[c]	9.05[c]	14.29[c]	2.13	.65	9.73[c]
R^2	.28	.22	.26	.10	.03	.25
9: Adult molested as a child						
Access	1.13	.56	1.10	4.57[a]	.08	.37
Risk	.59	42.63[c]	11.54[c]	31.39[c]	8.14[b]	40.13[c]

Table 6.2—continued

Vignette	Judgment					
	Seriousness	Abuse?	Law Requires a Report	Report Benefit to Child	Report Benefit to Rest of Family	Likelihood of Report
10: Boy molested						
Child age	3.73	3.13	2.16	.98	.87	.75
Perpetrator relationship	2.36	10.81[b]	1.95	3.15	27.14[c]	2.47
Race	.10	.57	1.00	2.88	6.88[b]	2.04
R^2	.01	.04	.02	.01	.05	.02
11: Gonorrhea						
Race	.21	.41	3.77	.02	.80	3.72
Prior relationship	.27	.50	1.25	.52	.12	1.40
R^2	.00	.00	.03	.00	.00	.03
12: Father admits fondling						
Child age	10.45[b]	9.93[b]	20.65[a]	4.91[c]	.28	8.80[b]
Child gender	2.05	.04	.23	4.10[c]	4.73[c]	.73
Intent	2.02	.03	.14	1.16	.32	.13
SES	.39	1.63	2.54	.31	1.65	3.39[a]
R^2	.03	.03	.05	.03	.02	.03

[a] $p < .05$.
[b] $p < .01$.
[c] $p < .001$.

Severity of Abuse. Severity, defined in terms of the injury sustained (e.g., son hit with belt, vignette number 5, Table 6.1) or perpetrator behavior (e.g., teen molested, vignette number 8, Table 6.1) was a significant predictor of seriousness ratings, use of the abuse label, the law's requirements, and likelihood of reporting. In each instance, the more severe condition was more likely to be considered serious and to be labeled abuse. The law was perceived as more likely to require a report in the serious condition, and respondents were more likely to intend a report. Severity was not a significant predictor of impact on the rest of the family in either vignette but was a significant predictor of impact on the child in the physical abuse vignette. In the more serious variation, a report was perceived to be more likely to benefit the child. In the single neglect vignette in which severity was varied (number 4, in which a teen is left alone by a drug-using mother), it proved to be uniformly unimportant in predicting any vignette outcome. We suspect that the severity variation meant little in the context of a case that many would argue was at the margins of reportable neglect.

Recantation. Whether or not overheard allegations were later recanted by an apparent teenage victim of physical or sexual abuse had a significant impact on ratings of seriousness, use of the abuse label, beliefs about what the law required, and likelihood of reporting (vignettes 7 and 8, Table 6.1). In every case, an indication that the alleged victim had retracted her accusation when questioned by an authority figure led to ratings that substantially reduced the likelihood of reporting. Recanting had a much smaller effect on the likely benefits of a report, perhaps because respondents believed that even if the abuse did not occur, such an accusation indicated that the family was troubled and in need of help.

These findings, which are not unlike those found by Attias and Goodwin (1985) in their study of psychologists, psychiatrists, pediatricians, and family counselors, indicate that our respondents were either unaware of or discounted growing professional and legal consensus that recantation should not be taken at face value (Herzberger, 1988, and Summit, 1983). The "child abuse accommodation syndrome," which includes retraction as the last of five stages that abused children go through, has been "generally accepted" by the courts as a scientific theory but apparently was not widely accepted by our respondents (Morris, 1988).

Child Age. While less powerful or consistent, a number of other interesting results emerged from the regression analyses. In general, child age was a significant factor in vignette outcomes, as shown in Table 6.1. In three of the four vignettes in which age was varied

(vignettes 5, 9, and 11), incidents alleged to have happened to younger children were rated as more deserving of a report on all six outcome variables. In the neglect vignette (number 2, Table 6.1) in which child age was varied, leaving a child of four alone in the home for long periods during the day was seen as more problematic than was the case when the child was eight. Hitting a six-year-old with a belt (vignette number 5) was consistently viewed as more problematic than when a 14-year-old was hit.[1]

On one of the two sexual abuse vignettes, the six-year-old variation was rated more problematic on each vignette outcome than when the same vignette portrayed a 14-year-old (vignette number 11). Here, beliefs that adolescents should be held in some degree accountable for sexual abuse may have contributed to this significant age effect (Summit, 1983), which has been found in other studies (e.g., Kalichman, Craig, and Follingstad, 1988, and Hampton and Newberger, 1985). In the fourth vignette in which age was varied, however, the direction of the effect was reversed and less consistent. In this vignette (number 9), in which a boy is described as fondling other children as a result of his own sexual abuse, respondents were somewhat more likely to rate the abuse as serious and to label the incident as abuse when the child was eight as opposed to three years old. There was no age effect on ratings of what the law required, on the predicted efficacy of a report, or on the likelihood of reporting. In this case, both children may be viewed as too young to be held responsible, even in part, for the abuse. This concern aside, respondents may have felt that fondling behavior in an eight-year-old was more indicative of severe disturbance and the effects on older peers more lasting. Therefore, they rated the incident as more serious.

Perpetrator Intent. Limited attention has been paid in the literature to the issue of perpetrator intent (Giovannoni and Becerra, 1979). In our data, perpetrator intent was varied in four vignettes, in each case in a different way. In the first of two neglect vignettes in which intent was varied (vignette number 1), a mother who did not give her young child prescribed asthma medication was described as having failed to do so because she was either too lazy to acquire it, lacking the money to buy it, or unable to overcome her child's resistance to taking it. In this vignette, intent had a substantial and significant effect on the ratings of each vignette outcome. The vignette was rated as most

[1]Such sentiments appear to be institutionalized in some CPS agencies. Interviews in CPS agencies in six states during the field-based portion of the study reveal that in several agencies, incidents of alleged physical abuse in which a parent is the perpetrator and the victim is an adolescent are defined as out of scope and are not accepted a priori as reports (see Sec. VIII).

problematic and reportable when the mother was described as lazy, and least when the mother was presented as unable to compel the child to take the medication.

In the other neglect vignette in which intent was varied (vignette number 3), the mother whose 18-month-old ingested blood pressure pills was described as either retarded or disappointed about her child's gender. In this vignette, intent was most important in predicting the likely effects of a report on the child and on the rest of the family as well as the likelihood of reporting. In each case, reporting the retarded mother was rated slightly but not significantly more helpful and likely.

For the single physical abuse vignette in which intent was varied (vignette number 5), respondents were significantly more likely to label the situation as abuse when the boy's father was motivated by anger than when he beat him because that was how he had been treated as a child. However, intent was not a significant predictor of any of the other vignette outcomes. Finally, when intent was varied on the sexual abuse vignette in which a father admitted having sexually abused his child (vignette number 11), whether or not the behavior was described as occurring because the father lost control of himself when drinking heavily or because the child was provocative had no bearing on vignette outcomes. In both cases, the vignette was perceived as quite serious and the likelihood of reporting very high.

The importance of intent in understanding physical abuse and neglect, together with its apparent irrelevance in cases of sexual abuse, deserves note. Intent is strongly connected to our notions of what constitutes physical abuse and, particularly, neglect. In some cases, intent may be part of the legal definition. For example, failure to provide due to poverty has been specifically excluded from the definition of neglect in some state laws and policies. Similarly, child behavior problems that interfere with appropriate care (e.g., parental inability to give prescribed medication to a child who physically resists it, as in vignette number 1) would probably not be defined as child maltreatment under many state laws and policies. In contrast, intent is far less central to defining sexual abuse. Certain actions (e.g., intercourse) indicate abuse regardless of other circumstances surrounding the incident (Waterman, 1989).

Family Characteristics. A final set of results worthy of note concerns characteristics that reside in the family rather than the specific incident: family socioeconomic status (SES) and race. SES was varied on six of the twelve core vignettes in three basic ways that varied substantially in salience. One type of variation, which was quite subtle, was used in two neglect vignettes. In the latchkey-child vignette (number 2), Melanie, the alleged victim, is described (to mental and

physical health providers) as having failed to show for an appointment at the respondent's clinic (lower SES) or office (higher SES) and to principals and child care providers as having missed her first day at the respondent's child care center (lower SES) or nursery school (higher SES). The same SES manipulation was used for the second neglect vignette (number 3) on which SES was varied.

A far less subtle SES variation was used in one vignette (number 5) in which a son is hit with a belt by his father. Here, the Reed family is described as either "a well-dressed middle class family" or "a poorly groomed welfare family." The third type of SES variation, used in three vignettes (numbers 7, 8, and 12), varied the alleged perpetrator's profession and is thus intermediate in subtlety. For example, in the vignette in which a father admits sexual contact with his child, he is presented as either an accountant or a machinist. Race was varied a total of 3 times (vignettes 4, 9, and 10) with descriptions of the child as black or white.[2]

SES was at times a significant predictor of vignette outcomes, with the effect almost invariably in the direction of higher perceived reportability when SES was low. Across vignettes, lower SES was associated with greater perceived seriousness, more use of the abuse label, and a stronger perception that the law required a report. The impact of a report was judged to be more salutary on lower status families in most cases, and in most cases respondents described themselves as more likely to report these families. Significant SES by severity interactions on several outcomes of the molested teen vignette (not shown) indicate that the effects of SES may be subtle. The law's requirements, perceived benefit to the child, and likelihood of reporting showed the same interaction pattern: in the low-severity condition, the lower-status stepfather was viewed as more reportable, while in the more severe condition it was the higher-status stepfather who was viewed as more reportable on each measure. Respondents may thus be more inclined to tolerate mild abuse from well-educated people but to judge them more harshly when the abuse is severe.

The SES findings are particularly striking in that the manipulations were in most cases quite unobtrusive. In the one vignette in which the SES manipulation was not at all subtle (son hit with belt), there were no SES effects at all. These findings suggest a nontrivial effect of family SES on reporting decisions made by professionals, and at the same time a clear sense that such distinctions should not be made. When family SES was clearly labeled in the vignette description and

[2]Although described as a variation in ethnicity, vignette number 6 actually mixed ethnicity and religion and is thus excluded from this discussion.

embroidered with judgments about grooming, respondents appeared to carefully avoid the tendencies that emerged in the other vignettes in which SES was more subtly varied—i.e., to use this case-irrelevant information as a significant factor in making report-relevant judgments and arriving at reporting intentions.

A single result on the neglect vignettes mars the consistency of the above pattern. On the vignette in which the baby ingests a prescription drug (number 3), the effects of SES reached significance only on the seriousness outcome, and here the effect was reversed: the apparent neglect portrayed was perceived as more serious when the child was presented as middle class. Outcome for the child was also judged as likely to be better when the child was portrayed as middle class, although this effect did not reach significance. Interestingly, on another neglect vignette in which race rather than SES was varied (number 4), a similar pattern emerged: the perceived benefit of a report was judged to be higher if the child was portrayed as white rather than black. This race effect is noteworthy because it, too, contradicts the race effects found in the two remaining vignettes on which race was varied. In these two vignettes, both of which portrayed sexual abuse, respondents were more likely to conclude that the law required a report when the child victim was a member of a minority group (vignette number 9), that the minority child and his family were more likely to benefit from a report (vignette number 9), and that they would be more likely to report a minority child (both vignettes). While none of these SES and race effects on the neglect vignettes is dramatic, it is striking that higher-status families are judged more severely in the neglect vignettes, while on the physical and sexual abuse vignettes it is lower-status families who are more harshly judged.

Perhaps for neglect of the type portrayed in the baby-ingests-drugs vignette, which could be attributed to carelessness, middle-class parents are seen as behaving in a way that is more violative of expectations for them, and thus the behavior is rated as more serious. This notion gains support from the significant interaction of SES and severity on the molested-teen vignette (number 8), in which the middle-class perpetrator is judged less harshly when the abuse is mild but is judged more harshly than his working-class counterpart when it is severe. In the neglect incidents, respondents may perceive that middle-class and white parents are more likely to learn from their mistakes when they are pointed out than poorer or minority parents would. Thus, they judge that a report is more likely to benefit the child in the long run. Yet despite these effects of privilege on judgments of seriousness and likely outcomes, professionals are no more likely to intend to report the higher SES or white parents described in these two vignettes.

Thus, our data on the effects of SES support those of Hampton and Newberger (1985). Except when the manipulation is so unsubtle that respondents may arm themselves against it, SES and race appear to influence report-relevant decisions. Particularly in cases of physical and sexual abuse, incidents involving lower SES and black families were generally judged to be more serious and more likely to be defined as abuse, and the law was regarded as more clearly requiring a report. In such cases, the outcomes of reports were judged to be better for lower-status families, and in every case respondents were more likely to report them.

SUMMARY AND CONCLUSIONS

Professionals clearly do pay careful attention to the specifics of the cases presented to them. A history of previous abuse, severity, and recantation proved to be important predictors of report-relevant judgments and intentions to report. Child age and perpetrator intent also influenced these judgments to a significant degree. While the effects of SES and race on report-relevant judgments were not strong, that they appeared at all is noteworthy. Their total absence when the manipulation was unsubtle suggests that reporters are aware that distinctions on the basis of race and SES should not be made. Their significant contributions to report-relevant judgments when they were more subtly manipulated suggest they are considered in these decisions.

VII. AN INTEGRATED MODEL OF REPORTING INTENTIONS

To this point, our analyses have examined the impact of discrete sets of variables on reporting behavior or intentions. In Sec. IV, we assessed the impact of reporter characteristics on past reporting behavior. In the preceding two sections, we modeled intentions to report the incidents described in the vignettes, looking first at the importance of abuse-relevant judgments (Sec. V) and then at case characteristics (Sec. VI). Obviously, none of these models is complete; in the real world, a would-be reporter brings his or her own characteristics to an incident of suspected maltreatment with its own set of characteristics. In this section, we attempt to create models that more closely approximate the real world by expanding the model of intentions to report described in Sec. VI to encompass reporter variables as well as case characteristics. In this way, our results not only will give us a better sense of the unique contributions of reporter and case characteristics to reporting intentions, but will also allow us to compare the importance of reporter characteristics in predicting reporting behavior (presented in Sec. IV) with their importance in predicting reporting intentions.

The integrated model focuses on reporting intentions from the vignettes rather than on past reporting behavior from the survey because only the vignette data allowed us to control for case characteristics—something that was not possible when we examined past behavior in Sec. IV. Indeed, when we studied reporting behavior, we were aware that at least some of the association between behavior and a given reporter characteristic might be occurring because reporters with that characteristic tended to see certain kinds of cases. By using the vignette data we avoid this problem, since for the vignette analyses the intention to report refers to a single case with a known description.

ANALYSIS METHODS

This section presents regressions to predict intentions to report specific incidents described in the vignettes (question number 6). To allow for potentially different relationships for the various vignette

types, we fit separate models by type of abuse.[1] In each regression, the observations corresponded to all the core vignettes of a particular type: neglect, physical, or sexual (except for the Madden case). In most cases, each respondent had completed one or two vignettes of that type.

There were two sets of independent variables: case characteristics and reporter characteristics. Case characteristics were those used in the earlier modeling efforts (see Sec. VI for case characteristics). The set of case characteristics included distinct variables for each core vignette within a type. For example, because the gender of the child was varied in three of the neglect vignettes, the model includes three separate gender variables. This allows for the likely possibility that gender effects varied across vignettes.

In contrast, reporter characteristics were entered one time only. We did this on the assumption that the effects of reporter characteristics would not vary across vignettes. The variables used in this analysis are generally ones that proved significant in Sec. IV in explaining reporting behavior.

An important distinction between the earlier analyses that included reporter characteristics and the current ones is that in the former (see Sec. IV), separate models were fitted for physical and mental health providers and for principals. A third analysis was done for child care providers. These analyses were separated because certain items (e.g., "serve as a resource person" or "spend any time in a clinic or hospital") were asked of only one group of professionals and also because we anticipated that different professional groups might have very different predictors of reporting. Such separation seemed less appropriate in the development of integrated models for two reasons: first, we learned from Sec. IV that professional behavior across groups tended to be influenced by the same variables; and second, the notion of integration dictated against it. Consequently, the analyses in this section combine data across all the professions.[2]

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[1]We also fitted three models in which we grouped vignettes by degree of seriousness (as assessed by mean ratings on abuse-relevant judgment number 1). These analyses produced results that were very similar to those by abuse type. For this reason, we do not report those results here.

[2]To allow for use in the regressions of the clinic and resource variables, which were not asked of principals and child care providers, we assigned values of zero on those variables to members of the latter professions in order to retain them in the analyses. Consequently, contrasts among professions compare principals and child care providers with health professionals who are not resource personnel and who put in no clinic time. Consequently, comparisons among professions need to be interpreted cautiously.

RELATIVE CONTRIBUTIONS OF CASE AND REPORTER CHARACTERISTICS

Across abuse types, case characteristics were substantially more important in predicting reporting intentions than reporter variables (see Table 7.1). This finding is neither surprising nor problematic, as one would hope that the specifics of a given case would be the most important factor in arriving at a reporting intention. Indeed, had we found that reporter characteristics were the major contributor to reporting intentions, these findings would have been a source of considerable concern.

Nevertheless, reporter characteristics did explain a significant amount of the variance accounted for in these equations, indicating that the reporter brings something to the cases of suspected maltreatment that he or she encounters.

Case Characteristics

In general, the case variables that we found in Sec. VI to be important predictors of intentions continue to be important in the integrated models of intentions (see Table 7.2). All the strongly significant results ($p < .001$) in the last column of Table 6.2 (previous incident, severity, recant, and child age) retain that distinction here. Only a few factors lost or gained marginal statistical significance.

Table 7.1

PERCENTAGE OF VARIATION IN INTENTIONS TO REPORT, EXPLAINED BY CASE AND REPORTER CHARACTERISTICS (R^2)

	Abuse Type		
Characteristics	Neglect	Physical	Sexual[a]
Case	29.8	14.0	18.6
Reporter	6.7	6.8	8.1
Total	36.5	20.9	26.7

[a]Excludes the Madden vignette.

Table 7.2

t-STATISTICS FOR CASE CHARACTERISTICS IN MODELS TO PREDICT REPORTING INTENTIONS

Vignette		Vignette	
1: No medication		6: Infant slapped	
Intent: lazy	—[a]	Hispanic	0.51
Intent: child resists	−7.78[d]	Prior relationship	−2.59[c]
Intent: no money	−1.49		
Previous incidents	5.48[d]	7: Teen beaten	
		Low SES	3.22[c]
2: Latchkey child		Accusation recanted	−7.87[d]
Low SES	2.02[b]		
Prior relationship	−0.85	8: Teen molested	
Younger child	7.92[d]	Low SES	2.14[b]
Boy	0.52	Story recanted	−11.13[d]
Previous incidents	2.49[b]	Severe: rubbed breasts	−5.53[d]
		Severe: exposed himself	−4.84[d]
3: Ingested pills		Severe: intercourse	—[a]
Low SES	−0.40		
Intent: upset with gender	—[a]	10: Boy molested	
Intent: retarded	0.57	Younger child	−0.01
Boy	−0.53	Male sitter	—[a]
Previous incidents	13.70[d]	Estranged father	−2.39[b]
		Black	−1.57
4: Left alone/drugs			
Severe: mother uses	—[a]	11: Gonorrhea	
Severe: mother sells also	0.19	Black	−0.04
Boy	−0.10	Prior relationship	0.16
Black	0.93		
		12: Father admits fondling	
5: Son hit with belt		Younger child	1.59
Younger child	−0.51	Boy	−1.18
Prior relationship	0.87	SES: machinist	2.41[b]
Severe: bruise on thigh	—[a]	SES: accountant	1.21
Severe: welt on neck	10.22[d]	SES: accountant seen socially	—[a]
Intent: anger	—[a]	Intent: father drunk	−0.03
Intent: learned	1.37	Intent: child provocative	—[a]
Low SES	−0.05		

NOTE: Vignette number 9 has been deliberately omitted.

[a]No t-statistic is available for this level of the variable, as it served as the comparison for the other levels.

[b]Significant at $p < .05$.

[c]Significant at $p < .01$.

[d]Significant at $p < .001$.

Reporter Characteristics

Table 7.3 shows t-statistics for the reporter variables in the regressions of reporting intentions.[3] Although some significant distinctions arise by abuse type, the most important findings are fairly consistent.

From a policy perspective, it is noteworthy that child abuse training and reporting knowledge are consistently important in predicting intentions to report, with more training and knowledge associated with greater likelihood of reporting across abuse types and levels of seriousness. Both variables, especially knowledge, were associated with whether health professionals had observed at least some abuse in the past year (column 3 of Table 4.2). The significant impact of knowledge and training on reporting intentions suggests that the earlier finding of a relationship between these variables and any reporting involvement was not due simply to the fact that professionals who observe actual abuse are more likely to go out and get training and knowledge. The controls on case characteristics afforded by the vignettes allow us to conclude that the relationship generally goes the other way: more knowledge and training lead to more reporting involvement.

Negative attitudes toward the professionalism and effectiveness of CPS agencies were significantly associated with reduced reporting intentions on the physical and sexual abuse vignettes. Some workplace characteristics—e.g., any clinic or hospital involvement and the presence of a review team at work—are also significant contributors to reporting intentions for some vignette categories, as shown in Table 7.3.

A few variables displayed a significant relationship for only a single type of vignette. Both the income index and the presence of a review team were significant only for the neglect vignettes, with high-income practice associated with less likelihood of reporting and a review team increasing the probability of a report. The income finding is consistent with the perception of many that neglect is a problem of poverty; the importance of a review team in neglect cases only may reflect the contribution of such teams in less serious cases, when reporters might otherwise be less inclined to report. Although men indicated less intention to report for all three vignette types, the relationship was significant only on the sexual vignettes.

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[3]T-statistics in Table 7.3 were adjusted for the fact that multiple responses by the same respondent tended to correlate positively. We did so by replacing the mean square error in the denominator of F-statistics with the mean square due to respondent. This procedure resulted in dividing regular t-statistics by a factor ranging from 1.04 (neglect) to 1.08 (sexual).

Table 7.3

t-STATISTICS FOR REPORTER CHARACTERISTICS IN MODELS TO PREDICT REPORTING INTENTIONS

Variable	Type of Abuse		
	Neglect	Physical	Sexual
Profession			
Family/general practitioners	−1.26	−.25	−3.59[d]
Pediatricians	−2.73[c]	−1.09	−5.21[d]
Psychiatrists	.29	.74	−2.93[c]
Psychologists	−1.73	−.67	−5.81[d]
Social workers	.69	1.64	−4.30[d]
Child care providers	.98	3.12[c]	−1.02
Elementary principals	1.47	1.88	−1.58
Secondary principals	—[a]	—[a]	—[a]
Practice income index	−2.32[b]	−.74	.78
Reporter male	−1.40	−.92	−2.37[b]
Confidence to treat abuse oneself	−.07	.21	−.47
Negative personal consequences of report	−.62	−.41	−1.29
Negative CPS attitudes	−1.22	−2.76[c]	−2.95[c]
Negative consequences for child reported	−1.35	−.37	−1.56
Child abuse reporting knowledge	1.72	4.54[d]	5.71[d]
Formal child abuse training	2.31[b]	2.38[b]	1.87
Resource person	−1.00	.38	.65
Practice setting: private/no clinic	.71	.61	2.26[b]
Review team at work	2.73[c]	−.19	.38

[a]No t-statistic is available for this level of the variable, as it served as the comparison for the other levels.
[b]Significant at $p < .05$.
[c]Significant at $p < .01$.
[d]Significant at $p < .001$.

INTENTIONS VERSUS BEHAVIOR

Most of the variables that were significant in explaining reporting behavior (see Sec. IV) were also significant here in explaining reporting intentions. This is striking given very different outcomes, which measured behavior in the workplace on one hand and reactions to scenarios on the other. However, there were some differences, discussed below.

Most notably, describing oneself as a resource person does not show up as significant in any of these equations for reporting intentions, even though it was a very important predictor of some reporting involvement in Sec. IV. This suggests that being a child abuse resource may put one in contact with more reportable cases but may not affect the likelihood of reporting a specific case.

Profession emerges as more important here than in Sec. IV, an artifact of segregation of the major groups in the earlier analyses. Here, when the groups are combined, differences among professions can emerge more easily and did. The sharpest differences across professions indicated higher reporting intentions among principals, child care providers, and social workers as opposed to family/general practitioners, pediatricians, and psychologists. Secondary principals were particularly inclined to report sexual abuse, as compared to members of the other professions. Such differences could not emerge in Sec. IV because health care providers and educators were analyzed separately, as noted above.

SUMMARY AND CONCLUSIONS

Both characteristics of specific cases and reporter characteristics contribute to reporting intentions, with case characteristics accounting for a much larger share of the variance in likelihood of reporting. The case and reporter characteristics that were found to be important alone in predicting reporting outcomes continued (in most instances) to be important when these categories of characteristics were combined in a single equation. Reporter characteristics were most important in relation to case characteristics for the physical and sexual abuse vignettes and were least important in relation to case characteristics for the neglect incidents. One hypothesis for this pattern is that physical and sexual abuse vignettes are more emotionally loaded and are thus more likely to engage the reporter psychologically when a decision must be made about whether or not to report. The significance of gender to reporting intentions on the sexual abuse vignettes (and no others) lends some support to this contention, if one accepts the possibility of countertransference processes (see Pollak and Levy, 1989, for discussion of this notion in child abuse reporting).

The independent contributions of reporter characteristics to reporting intentions, and particularly the importance of child abuse knowledge and training, have important implications for improving the reporting process, as discussed in Sec. IX. Most obviously, greater knowledge and training are likely to increase the likelihood of

reporting. The significant impact of attitudes toward CPS is also worth noting. Changes in CPS agencies that might improve their image among professionals clearly would be useful in increasing the inclination to report.

VIII. CHILD PROTECTIVE SERVICES AND MANDATED REPORTERS

INTRODUCTION

Large and increasing numbers of reports, coupled with perceptions that current reports describe more severe abuse than did earlier ones, have increased mandated reporters' concerns while reducing CPS resources available to address these concerns.

The purpose of the fieldwork portion of our study was twofold: to examine the ways in which CPS administrators and staff have responded to increasing workloads and to assess the implications of these responses for mandated reporters.

WORKLOAD MANAGEMENT APPROACHES

Every CPS agency we visited has initiated a range of procedures in response to the chronic problem of inadequate resources. All have concluded that if resources are insufficient to match workload, the only sensible approach is to reduce workload to meet (or at least begin to approach) resources. In all six states we visited, some efforts had been made to regulate workload, usually by limiting intake into the system in ways discussed below. In addition to implementing official measures, supervisors and workers in most states have introduced their own informal procedures that help them manage excessively high caseloads.

Interviews with agency administrators and mandated reporters suggest that virtually all agencies have raised the threshold of severity for accepting a protective case. These thresholds are established through the use of screening techniques, risk assessment models, or policies (formal or informal) that define certain kinds of child abuse or neglect situations as less serious or emergent. For example, none of the six states in the sample regards neglect as a high-priority problem, particularly if older children are the subjects of the report and serious harm is deemed unlikely. One northern state, for example, routinely placed a low priority on children locked out of their homes unless the situation occurred during severe winter weather. In a few agencies, some combinations of case characteristics place reports beyond the bounds of the agency's perceived mandate. In two locations we visited, for example, calls alleging abuse in which the victim is a teenager, the abuse is

physical, and the reported perpetrator is a parent simply may not be accepted as reports.

In some states, screening techniques and models are clear and widely known, and in one state such a technique is undergoing a careful multi-site evaluation. In others, protective officials believe that such approaches violate state law or the agency's mission and therefore do such screening "informally." In one agency, for example, child age, type of alleged abuse, and type of injury are assessed in the course of a telephone report. Cases are rated emergent, high, or low priority on the basis of these characteristics, but all are to be investigated at some point. The press of calls in the more serious categories results in widespread failure to respond to the lowest-ranked cases. Consequently, this nonscreening system, like others of its type, works fairly effectively to screen out the least serious cases (Wells, 1987).

Although these workload reduction efforts were generally believed to have lowered the number of investigations initiated by CPS agencies, they have not reduced the numbers of reports. Nowhere have these measures stemmed the number of investigations to the extent that staff or mandated reporters perceive there are sufficient resources to screen, to pursue cases deemed to require an investigation, or to provide needed services. This continuing lack of adequate resources has a number of implications.

IMPLICATIONS FOR MANDATED REPORTERS

Since mandated reporters are in frequent contact with CPS agencies and report most often, CPS problems affect them more acutely than they would other reporters. On the basis of our fieldwork data, we have identified two institutional problems—access and efficacy—that have an especially significant bearing on reporting behavior.

More Difficult CPS Access

Because of inadequate staffing, the process of making reports has become quite difficult in many of the offices we visited. Telephone staff are in short supply, making reporting a time-consuming task.

Despite sizeable staff complements, numerous CPS sites we visited were unable to accept all reports at the time of the initial call. Each of these agencies had initiated some form of callback procedure (e.g., a callback was to be made within two hours when a staff member could not get to a caller who had been put on hold within a specified period of time). These procedures placed a significant burden on mandated

reporters. Being put on hold for substantial periods, being asked to call back, or being asked to stay by a phone to receive a callback is a major imposition on busy professionals. CPS administrators acknowledged that these procedures result in many missed calls, when staff cannot call back within the specified period or the mandated reporter is not available when the call is made. In at least one state, such failed callbacks are purged from the system daily.

Mandated reporters frequently complained that they had been kept waiting on the phone for long periods. The costs associated with such waits are multiplied among those who must make such calls fairly frequently. It is likely that as it becomes more difficult to make reports, mandated reporters become increasingly reluctant to pursue marginal reports. This process may in turn raise the level of severity that will trigger reports from experienced mandated reporters, an issue we examine in subsequent sections.

Concerns About CPS Efficacy

Although the reporting laws require that mandated reporters report any suspected maltreatment, incidence and prevalence data from our survey (discussed in Sec. III) indicate that many times they choose not to report their suspicions. Survey data reveal that an important predictor of use of discretion and of failure to report was the potential reporter's attitudes toward the effectiveness of CPS agencies as discussed in Secs. IV and V. A belief that child abuse reports are more likely to harm than to benefit a reported child significantly discriminated between those who reported consistently and those who had failed to report at some time.

Lending support to these findings was an open-ended item that invited respondents who had ever failed to report to describe the reasons for that decision in a specific instance. Many of those who responded to this question indicated that they had decided not to report because previous reports of similar situations had been mishandled or ignored by CPS staff. A number of respondents went on to note that reports that are not investigated or that do not result in needed services impose high costs on families with no benefit.[1] In a typical comment, a child psychiatrist noted:

> Fragile family. Nothing would have been done. [Report] would have disrupted therapy. Major problem is that the (reporting) law requires virtually everything to be reported, making it impossible to

[1]Since most reporters inform a family when they make a report, some costs are imposed on the families even if no investigation follows.

> investigate and deal properly with most cases, putting the child and therapy at greater risk.

Virtually every CPS staffer and child advocate we interviewed in the course of our fieldwork agreed with this child psychiatrist's assessment of the problem. As discussed above, many agencies have attempted to bound the problem by instituting screening and other approaches so that those cases most in need of attention can be identified and investigated. The goal of such approaches is to deploy limited resources to those cases that are most in need of attention and, by implication, to devote few or no resources to the others. Agency data indicate that these approaches have been somewhat effective in achieving this goal; in four of the six states we visited, the percentage of reports that are accepted for investigation has declined in recent years. But the limiting of acceptance creates its own set of problems for mandated reporters.

Over time, as mandated reporters have more experience with CPS, they often learn, like the psychiatrist quoted above, "that nothing would have been done" in response to a report of only moderately serious maltreatment. Fieldwork data suggest that mandated reporters often begin to prescreen cases as they learn about CPS and the enormous burdens under which these agencies labor. Interviews strongly suggest that difficulties in obtaining access and having reports accepted cause mandated reporters to raise their own thresholds for reporting abuse.

Thus, it may be even more upsetting to a mandated reporter when a report that he or she decides *must* be made is not accepted for investigation by a CPS agency. The resulting anger that mandated reporters express to CPS staff reflects frustration at the perceived lack of sensitivity to serious or potentially serious abuse as well as annoyance that their professional judgment has been ignored.

The latter feelings are often exacerbated by the wide status gap between mandated reporters and the people who reject their calls. In most cases, mandated reporters hold advanced medical and other degrees, whereas CPS intake staff generally do not. If line workers are college educated, their education may not be in social welfare or another social science but in a "related field" that, in one state we visited, includes math and computer programming. Moreover, because of chronically high staff turnover, intake staffers often have little practical on-the-job experience that mandated reporters might view as an acceptable substitute for advanced degrees. Thus, mandated reporters feel that their reasoned professional judgment is likely to be ignored or

overruled by inexperienced, poorly trained, and poorly educated CPS workers.

These problems loomed largest in systems characterized by a central reporting mechanism. In such systems, mandated reporters (and others) phone an 800 number that puts them in contact with a receiving unit that may be located hundreds of miles away. Workers in these units do not know mandated reporters by name or reputation and are thus unlikely to accord their report the attention the caller feels it deserves. Moreover, since these centralized units are generally large, staff rarely develop the kinds of ongoing relationships with mandated reporters that we sometimes found in more localized systems.

One mandated reporter we interviewed who works in the public sector told us that long delays in getting through to the centralized 800 number, high rates of cases screened out at intake, and a lack of services even in substantiated cases had led many of his colleagues in private practice to "just give up" on reporting. CPS workers and administrators are aware of these realities, and many spontaneously acknowledged these patterns of mandated-reporter behavior.

Given what we know about mandated reporting, these patterns are troubling. Data from most of the states we surveyed as well as studies by others consistently reveal that reports from mandated reporters are much more likely to be substantiated (e.g., Eckenrode, Powers, Doris, Munsch, and Bolger, 1988). Increasing disaffection among them is likely to cost the system important information about endangered children.

THE CASE FOR SPECIAL TREATMENT

A number of mandated reporters to whom we spoke in the field argued that the obligations imposed on them in the reporting laws should accord them special access and greater credibility when they do report. Many, after all, make frequent reports, so that inefficiencies in the reporting process particularly affect them. Since they see many children, these reporters better understand when children are endangered. Their advanced training also helps with these decisions. Thus, mandated reporters are more likely to make the "quality reports" administrators claim to want.

Several means of improving access were identified in our field visits, including dedicated phone lines, FAX capability, and localized reporting. Reporting to a community child abuse expert rather than to an 800 hotline was advocated in one site as a means of increasing reports from infrequent reporters, who may be especially put off when reporting barriers are confronted. This local expert would be responsible for

making the report, referring a CPS worker to the report's originator as needed.

No system in our small sample accorded mandated reporters special access or other special treatment. Indeed, one system had established a means whereby mandated reporters could access the centrally located intake unit with a special telephone line, but there had been a decision not to publicize this information on grounds that others might also use it.

Overload may not be the only reason that mandated reporters are not accorded special access and treatment. There was a consistent sense among CPS staff in most states that mandated reporters are often unrealistic about what CPS agencies are empowered to do and are quick to criticize CPS performance. According to CPS staff, mandated reporters often believe they know what should happen to the family when they make a report. They are angry and resentful if a CPS worker makes a different decision. Many CPS staff claimed that mandated reporters often expect that a child they report will be immediately removed from the home. When this does not happen (and generally it does not), they may complain to supervisors, administrators, or even legislators. Mandated reporters may assume that lack of such placement reflects staff incompetence, while staff believe that mandated reporters fail to understand that placement may be unwarranted, inadvisable, or impossible because of policies that place a high priority on keeping families together, lack of foster homes, or strong emphasis on in-home services.

Mandated-reporter disapproval, added to continued press and public criticism experienced by many protective agencies, has led in some cases to a CPS mentality that can best be described as "circling the wagons" in the face of continued attacks. This attitude is most notable with regard to providing mandated reporters feedback about the status of reports they have made. In most agencies, feedback is required but is accorded a low priority. Although workers are expected to advise mandated reporters about the outcomes of the reports they make, supervisors, recognizing the many burdens on their workers, often fail to monitor compliance with this requirement.

Some of the agencies we visited had developed a form letter to mandated reporters that typically required the worker to check one or more boxes. In one exceptional agency, this process was fully computerized and managed by a supervisor to ensure that letters did go out, and with minimal worker effort. Across agencies, these letters were revealing, often in terms of what they did not include. The typical letter indicates that the report has been accepted or not, that the case was or was not substantiated, and that services are or are not being provided. No

reasons are offered when a report is not accepted or is unfounded, and any opportunity to inform the mandated reporter about what would have made the report acceptable or permitted substantiation is lost. In one notable letter, the closing salutation is devoid of any language encouraging further mandated reporter input or involvement. The absence of such language is striking given that such phrases as "feel free to contact us if you have any questions" are often motivated more by social norms of politeness than by a real desire to keep the lines open. This particular agency was so reluctant to deal with angry mandated reporters whose reports had been rejected that the letterhead did not even include a phone number in the event a mandated reporter felt compelled to communicate. While this letter is more extreme and staff in this agency more direct about wishing to avoid mandated reporters than staff in other agencies, this sentiment was an underlying theme in many offices.

CONCLUSIONS

Chronic CPS overload has frayed relationships between child protective agencies and mandated reporters. Difficult access and increased screening have raised the costs of making reports, while limited investigative resources and services have led mandated reporters to question whether these costs are balanced by benefits to children and families. Limited feedback from CPS agencies, which in some cases is restricted because of confidentiality concerns, exacerbates problems in these relationships.

Yet CPS agencies and mandated reporters share the fundamental goal of protecting children. More resources and more communication, both generic and case-specific, would help CPS agencies and mandated reporters to rediscover their shared interest in protecting endangered children. Some CPS efforts to accord mandated reporters special access or treatment might help to create relationships characterized by mutual respect and better understanding of the limitations of both child protective agencies and the child protective enterprise.

IX. SUMMARY AND RECOMMENDATIONS

The child abuse reporting laws, designed to bring suspected abuse and neglect to the attention of child protective agencies, have in many respects exceeded the expectations of their early advocates. Their mandate to professionals, combined with the increase in awareness about child abuse that they have in part fostered, has resulted in enormous increases in the numbers of reports being made to protective agencies, with professional sources accounting for the majority of reports (American Humane Association, 1988). This study assessed the extent to which individual mandated reporters comply with the reporting laws and examined workplace, personal, and case factors that bear on reporting decisions.

Our data indicate that at the level of the individual reporter, the laws have also met with considerable success. In our study, the largest group of mandated reporters indicate that they consistently comply with the reporting mandate, reporting all instances of suspected abuse and neglect that come to their attention. Across professions, more than 40 percent of respondents to our survey indicated that they had always reported suspected abuse and neglect. Consistent reporters are characterized by fairly high levels of child abuse reporting knowledge, by beliefs that reports will have no negative consequences for the children they report or for themselves, by positive views of the capability and professionalism of CPS agencies, and, in the case of health care providers, by some work in a clinic or hospital setting.

While consistent reporting was the most common reporting pattern in our data, a fairly substantial number of respondents indicated that at some time they had suspected maltreatment but had decided not to report it. Only a few (6 percent) consistently failed to report; these respondents tended to see very few children professionally and to practice alone or in groups, two workplace characteristics that no doubt reduce the salience of child abuse and of child abuse reporting. Far more common in our data was a pattern that characterized one third of our respondents: reporting some incidents of suspected maltreatment and choosing not to report others. What is striking about the profile of discretionary reporters is that they are the professionals most involved with child abuse—often serving as child abuse resource personnel in their workplaces and feeling confident to treat abuse themselves.

Clearly, a nontrivial number of reporters do not comply with the letter of the reporting laws, which exclude any use of discretion on the part of would-be reporters. The sections that follow discuss a number of ways to improve compliance with the reporting statutes. Some questions about the appropriateness of this goal and about the current reporting laws follow.

INCREASED KNOWLEDGE AND TRAINING

Lack of child abuse reporting knowledge and training is associated with consistent failure to report and with lack of any involvement with child abuse reporting. These data suggest that more training may increase the likelihoood that mandated reporters, particularly ones who have never reported, will recognize and report abuse. But our data also indicate that the most informed and expert reporters are characterized by discretionary reporting. Thus, improved training opportunities and reporting knowledge cannot be expected to improve the overall level of compliance dramatically. Nevertheless, the data suggest that such training might involve more people in the reporting process than currently participate.

A number of professional groups have opposed efforts to require child abuse training as a condition of licensure, objecting on grounds that specification of formal training criteria should be the prerogative of the professions. Such objections ignore the reality of child abuse reporting laws and the message that they convey about our willingness as a society to put aside other professional prerogatives (e.g., confidentiality between doctor and patient) to ensure that suspected maltreatment is identified. Since knowledge and training appear to increase the likelihood that mandated professionals will become involved with reporting, required training is highly consistent with the intent of the reporting laws and may even be viewed as one means of improving compliance with them.

The content of such training deserves note. A number of mandated reporters to whom we spoke in the course of our fieldwork described the child abuse training they had received as far less helpful than it might have been. They indicated that while the definitional and assessment issues that dominated training were certainly important, failure to discuss the operation of CPS agencies or the many constraints on the ability of CPS agencies to protect children represented a lost opportunity to help mandated reporters better comprehend and negotiate the reporting system. Such information, they argued, would help potential reporters to understand why reports are not always

accepted or substantiated or why children whom they report are not always removed from their homes. Such training might help to establish the foundation for a better working relationship between CPS and mandated reporters.

SPECIAL TREATMENT

Overloaded CPS systems impose increasing costs on the mandated professionals who must report, some of them frequently. Busy phone lines, requests to call back, and expectations that reporters will wait by a phone for hours to receive a return call impose burdens that may appear onerous to reporters—particularly those in private practice, for whom the costs of reporting are inherently higher.

Reporter concerns about the value of the reports they make are evident throughout our data. Such concerns are important predictors of differential reporting patterns, with those most uncertain about the value of reports inclined to be discretionary reporters. Concerns about the efficacy of reports are also found in the analyses of our vignette data, which focus on reporting intentions. While these data reveal that the demands of the reporting laws are the most important factor that potential reporters consider in deciding whether or not to report an instance of suspected abuse or neglect, respondents also consider issues of efficacy in making these decisions. When a potential reporter believes that reporting a specific incident is unlikely to benefit either the child or the child's family, the likelihood of reporting is reduced.

Special treatment for mandated reporters—both in making reports and in getting feedback about the cases they have reported—should improve mandated reporters' cost-benefit ratio and thus make reporting more likely. Easier access through a dedicated phone line, FAX capability, or localized reporting, among other possibilities, would make the reporting process less difficult and time-consuming. More feedback provided more readily might help mandated reporters better understand how CPS agencies operate and might also provide information that would help the reporter get future cases investigated, substantiated, and treated.

Currently, our data show, many mandated reporters must go to considerable effort to receive the feedback they want and believe they need on the cases that they have reported. Such feedback would be immediately useful in specific cases as a guide to working with the children and families who have been reported, and in every case would help the mandated reporter present information in future reports. Moreover, such information would make mandated reporters feel that their involvement is valued by CPS agencies.

CPS administrators to whom we spoke often ruled out the provision of all but the most cryptic feedback on grounds that more detailed information would violate privacy rights protected by law or policy. Such concerns are important and must not be ignored. At the same time, the benefits and limits of more information to mandated reporters should be explored. Our study findings that discretionary reporters are the most knowledgeable and most involved with child abuse suggest that feedback may not always have a salutary effect on reporting, particularly if what reporters learn is that their case has not been accepted or substantiated. Indeed, it appears that more experience with child abuse and with the reporting system is in some cases associated with decisions not to report. Empirical study of the effects of feedback on mandated-reporter behavior and on CPS response seems worthy of pursuit.

REPORTING GUIDELINES

A number of writers (e.g., Meriwether, 1986, and Besharov, 1988) have argued that a major failing of the reporting laws is their lack of specific written guidelines concerning what constitutes abuse and neglect, or the requirement that such guidelines be developed. The ultimate purpose of these guidelines would be to increase compliance with the existing laws, which seek to have all suspected abuse and neglect reported. Proponents variously argue that such guidelines would reduce the number of reports, increase falling rates of substantiation, and mitigate the impact of reporter biases on reporting decisions. Proponents also argue that clear, behaviorally oriented reporting guidelines would make CPS agencies more understandable to mandated reporters, many of whom view these agencies as inconsistent, arbitrary, and ultimately unfathomable.

The development of reporting guidelines would be a difficult venture at best and the outcomes uncertain. Establishment of reporting guidelines would depend upon reaching consensus about what level of specificity and type of information such guidelines should contain. Currently, consensus about the content and detail of such guidelines is lacking. While some proponents argue that reporting guidelines would reduce the number of reports flowing into CPS agencies, it is as likely that would-be reporters, armed with a description of what kinds of cases will be accepted, would begin reporting more rather than less suspected maltreatment. These assumptions can be resolved only with empirical research, perhaps in the form of demonstration projects.

If it were shown that reporting guidelines reduced the numbers of reports and increased substantiation rates, mandated reporters might be more willing to report, more confident than they are now that their report would be substantiated and the family provided needed services. At the same time, if the smaller numbers of reports resulted from guidelines that raised the threshold of severity, such guidelines would violate the societal consensus that has been building since the first laws were written to identify and intervene in abusive situations before they became serious. By raising the reporting threshold, the guidelines would frustrate legislative intent to bring potentially abusive situations to the attention of protective agencies at a point when preventive and home-based services might prevent serious abuse and the dissolution of the family.

But it must be recognized that legislative intent is frustrated every day as severely overburdened CPS agencies use screening methods and risk assessment models, implemented formally or informally, to direct resources to the most serious and emergent cases. Increased resources would enable CPS agencies to respond to more reports and to bring to bear appropriate services far more often than is now possible. Increased capability would go directly to mandated-reporter concerns about the efficacy of their reports.

Our fieldwork data suggest, however, that dramatic increases in CPS resources are unlikely. In the absence of a large infusion of resources to CPS agencies, the discretionary reporting we identified among child abuse knowledgeables may be an appropriate response. But such discretionary reporting violates the reporting laws, which are clear in prohibiting the use of professional judgment in making reports. Perhaps we need to reexamine the assumptions inherent in these laws that professional judgment is never acceptable and that all suspected maltreatment should be reported.

Such an effort might begin with studies of the kinds of cases that reporters choose not to report and of the kinds of reports to which CPS agencies cannot respond with investigation and appropriate services. If mandated reporters are choosing not to report the kinds of cases to which CPS agencies are unable to respond, the data would support some reporter discretion and more limited reporting.

If we were to alter the assumption that all abuse and neglect should be reported, it would be critical to increase mandated-reporter child abuse training and knowledge. It would also be necessary to develop guidelines about what should and should not be reported, but in this case the guidelines would be designed not to encourage that all suspected abuse and neglect be reported but to help reporters use appropriate discretion in making reporting decisions.

These efforts might well lead us to conclude that all suspected abuse and neglect should continue to be reported and that extending any discretion to mandated reporters is unwise and inappropriate. Regardless of the outcome of any reexamination of our assumptions about reporting, the process would shed light on a critical issue in an overloaded child protective system.

Appendix A

CHILD ABUSE REPORTING SURVEYS

Three different versions of the mail survey were developed: one for physical and mental health care providers, one for school principals, and one for child care providers. In most respects, the three versions of the survey form were the same. Each began with the vignettes, then posed a series of questions about the respondents' background and reporting behavior.

The surveys differed primarily in the response options available on particular questions. For example, in response to the question about the highest degree obtained (question 4), physical and mental health care providers could indicate a B.A., M.A., Ph.D., or M.D. degree. Principals and child care providers had somehwat different options. On the question assessing consequences of reporting, principals and child care providers had an option not offered to health care providers: "Reflects negatively on my school (or program)/my leadership."

The wording of some questions was varied to reflect the different professional environments of respondents. For example, while we asked physical and mental health care providers about how many different patients/clients they saw in a typical week, we asked educators about enrollment (principals) or facility size (child care providers). One question posed to educators only asked about the role the respondent typically played when abuse was suspected by a staff member.

Because the surveys were so similar, we have reproduced only the physical and mental health provider survey in its entirety. The first five pages of the principals' and child care providers' surveys follow. All differences across versions may be found on these pages.[1]

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[1]As discussed in Sec. II, some vignettes were offered only to respondents in selected professions. Since we do not attempt to represent all vignettes here, these pages are presented only once. See Table 2.1 for a presentation of the vignette design.

ITEMS FROM PHYSICAL AND MENTAL HEALTH CARE PROVIDERS' SURVEY

CHILD ABUSE REPORTING SURVEY

This is a questionnaire about child abuse and child abuse reporting. The first part of the questionnaire presents a series of short vignettes that you might encounter in the course of your professional activities. The second part includes questions about you and your professional work.

INSTRUCTIONS

1. Please try to answer every question (unless you are asked to skip questions because they don't apply to you).

2. Answer questions by circling the appropriate number or filling in the answer as required.

3. If you're not sure of the answer, please try to give us your best estimate.

4. If you have any questions, feel free to call Gail Zellman, Principal Investigator, at The RAND Corporation collect at (213) 393-0411, extension 6233, Monday through Friday after 9 A.M. (PST).

5. Please return the completed survey in the postpaid envelope as soon as possible to:

The RAND Corporation
Coding Room 1900
1700 Main Street
Santa Monica, CA 90406

ASSURANCE OF CONFIDENTIALITY

RAND will hold and treat your individual responses as strictly confidential. RAND'S confidentiality assurances are backed up by a Certificate of Confidentiality issued by the U.S. Department of Health and Human Services. This Certificate provides additional assurance of the confidentiality of your responses. Information about the Certificate appears on the back cover of this questionnaire.

PART 1: VIGNETTES

For each vignette, please read the story and answer the questions that follow it as best you can. We know that as a competent professional if you actually were faced with these incidents you would investigate further before making the judgments we ask you to make. However, for the purposes of this study, we would appreciate your making the best judgment you can given the information provided.

4SD-014 1-10/
CARD 01 11-12/

During ongoing treatment, the Reeds, a well-dressed middle class family, ask for your help because neither parent can get their 14 year old son Kevin to obey. Mr. Reed tells you that he uses a belt on Kevin just as his dad did with him, but lately it isn't working. Mr. Reed admits that once several months ago when he hit Kevin, it left a pretty bad bruise on his thigh.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

405-22 19-23/

4SD-014 1-10/
CARD 02 11-12/

Louise Madden, a 24 year old woman who you have been seeing for some time because of difficulties relating to men, reveals that her father molested her from the time she was five until her parents divorced when she was ten. Her father is now living in a nearby town. He has recently married a woman with two young children.

1. Based on the information you have been provided, how serious is this situation?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the situation described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this situation now?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on Louise?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. What overall impact would a child abuse report be likely to have on other children?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	
Little or no impact	5	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

409-03 19-23/

4SD-014 1-10/
CARD 03 11-12/

Five year old Mara shows up for her weekly appointment wheezing and coughing heavily and having difficulty breathing. Her mother reports that Mara has not taken her daily asthma medication for the last two weeks because the prescription ran out, and she hasn't gotten around to renewing it yet.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute neglect?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

401-04 19-23/

4SD-014 1-10/
CARD 04 11-12/

James Simmons, an eight year old black boy, was referred to you by his school. The referral was made because James has fondled several children on the playground and masturbates frequently. When you speak with James' mother, Mrs. Simmons angrily states that she is sure that James' male babysitter, who she hired so that James would have more time with men, has been abusing her son.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

410-06 19-23/

4SD-014 1-10/
CARD 05 11-12/

Early Monday morning, you receive a phone call from Carol Nash, the married sister of 14 year old Jennifer Hackett, who you have been seeing for some time. Mrs. Nash reports that last weekend she overheard Jennifer telling a friend on the phone that her stepfather, a carpenter, had been beating her a lot recently, and that the broken wrist she said she had gotten from falling off her bike was actually caused by her stepfather. Mrs. Nash decided to call you because she knew Jennifer was seeing you that day. When you ask Jennifer about what you heard, she says she made up the story to amuse her friends.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

407-01 19-23/

CARD 06 11-12/
1-10/

Version 1

PART 2: BACKGROUND AND EXPERIENCE

1. How old were you on your last birthday?

Age ☐☐ 13-14/

2. Are you male or female?

(Circle One)

Male	1	15/
Female	2	

3. What do you consider to be your main racial or ethnic group?

(Circle One)

White	1	16/
Black	2	
Hispanic	3	
Asian or Pacific Islander	4	
American Indian or Alaskan Native	5	
OTHER	6	

(Please Specify):_____ 17-19/

4. What is the highest degree or diploma you have?

(Circle One)

Bachelor's level	1	20/
Master's level	2	
Ph.D.	3	
M.D.	4	

5. Since you completed your schooling, how many years have you been working in your present profession?

Number of Years ☐☐ 21-22/

CARD 06

6. Have you had any specialized, formal training in assessment and reporting of child abuse or neglect?

(Circle One)

Yes --> About how much training?
- 10 HOURS OR LESS 1 *23/*
- MORE THAN 10 HOURS 2

No 3

7. Under the law in your state, are people in your profession legally obligated to make a child abuse or neglect report when their suspicions are based on:

(Circle One In Each Row)

	Yes	No	Don't Know	
a. What a child says or how he/she acts	1	2	8	*24/*
b. What an adult tells you that he/she or another adult did	1	2	8	*25/*
c. What you observe directly	1	2	8	*26/*

It has been suggested that people's personal experiences with child abuse and abuse reporting may affect how they deal with these issues as professionals.

8. When you were a child (up to the age of 16) were you ever the victim of physical or sexual abuse?

(Circle One)

- Yes, physical 1 *27/*
- Yes, sexual 2
- Both 3
- Neither 4

9. Do you think having had such an experience would make a person more or less likely to report abuse or neglect?

(Circle One)

- More likely 1 *28/*
- Less likely 2
- Would not matter 3

10. Has anyone you know personally ever been the subject of a child abuse report?

(Circle One)

- Yes 1
- No 2 *29/*

CARD 06

11. Do you think having had such an experience would make a person more or less likely to report abuse or neglect?

(Circle One)

More likely 1 30/
Less likely 2
Would not matter 3

12. In a typical week, about how many hours do you spend in each type of practice:

Hours Per Week		
Hospital-based,.....		31-32/
Clinic-based,.....		33-34/
Private group practice,.....		35-36/
Private solo practice,.....		37-38/
Other (Please describe below)		39-40/
_____		41-43/
_____		
TOTAL.....		44-45/

12a. How long have you been spending your time this way?

(Circle One)

Less than a year 1 46/
1-5 years 2
More than 5 years 3

13. In your practice about what percent of your time do you treat each of the following?

Children	_____%	47-49/
Adults	_____%	50-52/
Families	_____%	53-55/
TOTAL	100%	

14. Do you serve as a resource person on abuse or neglect cases for other professionals, e.g., provide consultation or participate on a child protection team?

(Circle One)

Yes 1 56/
No 2

CARD 06

PATIENTS/CLIENTS

15. How would you describe the patients/clients you work with in your primary job?

A. What is their race? Please give your best estimate.

Percent White	_____%	57-59/
Percent Black	_____%	60-62/
Percent Hispanic	_____%	63-65/
Percent Other	_____%	66-68/
TOTAL	100%	

B. What is their approximate income level?

Percent high income	_____%	69-71/
Percent middle income	_____%	72-74/
Percent low income	_____%	75-77/
TOTAL	100%	

CARD 07 11-12/

16A. About how many <u>different patients</u> or <u>clients</u> did you see during your last typical week of work? (Include all types of practice) 1-10/

Number of Patients [ ][ ][ ] 13-15/

16B. About how many of these patients or clients were children 18 or under?

Number of Children [ ][ ][ ] 16-18/

17. In cases where you suspect child abuse or neglect, are you expected to report it yourself directly or do you report through someone else at your institution?

(Circle One)

Report directly myself	1	19/
Report through someone else	2	
Don't know	8	

18. Is there a team or individual in your primary job site that reviews potential reports?

(Circle One)

Yes	1	20/
No	2	

19. How confident are you about your ability to treat cases of abuse or neglect yourself?

(Circle One)

Very confident	1	21/
Somewhat confident	2	
Not very confident	3	

CARD 06/07

20. How likely would you be to report an incident of suspected child abuse or neglect if you saw one? Would you say you would be:

(Circle One)

Very Likely,	1	22/
Somewhat likely, or	2	
Not at all likely to report?	3	

The next few questions are about possible consequences of making reports of child abuse or neglect. Please answer based on your own experience or on what you've heard or read if you have no direct experience.

21. What problems did you encounter or would you expect to encounter in the process of making reports of child abuse or neglect?

(Circle All That Apply)

A.	Don't/Didn't know who to report to	1	23/
B.	Telephone lines repeatedly busy	2	24/
C.	Child Protective Services (CPS) staff poorly trained	3	25/
D.	CPS staff inflexible or use no discretion	4	26/
E.	Police treated family insensitively	5	27/
F.	Other problem (Please describe below)	6	28/

OTHER PROBLEM _____

_____ 29-31/

22. How serious are the consequences to you that did result or that you would expect to result from making a report?

(Circle One In Each Row)

Possible Consequences	Very Serious	Somewhat Serious	Not Very Serious	Not At All Serious	
A. Time lost from normal work	1	2	3	4	32/
B. Loss of income	1	2	3	4	33/
C. Loss of patient/client you reported	1	2	3	4	34/
D. Loss of future patients/clients due to reputation as a "reporter"	1	2	3	4	35/
E. Risk of lawsuit	1	2	3	4	36/
F. Personal upset or worry	1	2	3	4	37/
G. Parental anger or threats	1	2	3	4	38/
H. Court appearance and testimony	1	2	3	4	39/
I. Loss of rapport with patient/client	1	2	3	4	40/

CARD 07

23. What problems did the child involved encounter, or would you expect a child to encounter from a report of child abuse or neglect?

(Circle All That Apply)

A. Increased risk of abuse or neglect 1 41/
B. Removal of child from the family 2 42/
C. Discontinuation of treatment by child or family 3 43/
D. Other problem (please describe below) 4 44/

OTHER PROBLEM _____ 45-47/

_____

24. Based on what you've heard or experienced, in what percent of cases does the child benefit from a report being made?

(Circle the Percentage That Best Fits Your Answer)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% 48-50/

25. Based on what you've heard or experienced, in what percent of cases does the child suffer from a report being made?

(Circle the Percentage That Best Fits Your Answer)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% 51-53/

26. Based on what you've heard or experienced, please rate CPS agency workers handling of abuse reports.

(Circle One Number In Each Row)

Professional	1	2	3	4	5	Unprofessional	54/
Cold	1	2	3	4	5	Warm	55/
Consistent	1	2	3	4	5	Inconsistent	56/
Weak	1	2	3	4	5	Strong	57/
Responsive	1	2	3	4	5	Unresponsive	58/

27. Based on what you've heard or experienced, please rate police personnel handling of abuse reports.

(Circle One Number In Each Row)

Professional	1	2	3	4	5	Unprofessional	59/
Cold	1	2	3	4	5	Warm	60/
Consistent	1	2	3	4	5	Inconsistent	61/
Weak	1	2	3	4	5	Strong	62/
Responsive	1	2	3	4	5	Unresponsive	63/

CARD 07

CARD 08 11-12/ 1-10/

28. Have you ever made a report of child abuse or neglect yourself or initiated such a report through the person in charge of making such reports at your institution?

(Circle One)

Yes 1 13/
No...(Skip to Q.35) 2

29. During the past year, have you made a report of child abuse or neglect yourself or initiated such a report through the person in charge of making such reports at your institution?

(Circle One)

Yes 1 14/
No...(Skip to Q.31) 2

30. How many reports of suspected child abuse or neglect have you made or initiated in the past year?

Number of Reports ☐☐ 15-16/

31. How important were the following factors in your decision(s) to report your suspicions?

(Circle One In Each Row)

Possible Factors	Very Important	Somewhat Important	Not Very Important	Not At All Important	
A. Legal requirement to report	1	2	3	4	17/
B. Fear of lawsuit if not reported	1	2	3	4	18/
C. Reporting policy where I work	1	2	3	4	19/
D. Get help for child or family	1	2	3	4	20/
E. Help family see seriousness of problem	1	2	3	4	21/
F. Insure continued treatment	1	2	3	4	22/
G. Stop maltreatment	1	2	3	4	23/
H. Bring CPS expertise to bear	1	2	3	4	24/
I. Police would act quickly and effectively to protect child	1	2	3	4	25/

32. How often did you receive feedback from CPS about the results of their investigation of case(s) you reported?

(Circle One)

Always 1 26/
Sometimes 2
Never 3

CARD 08

33. How much effort did you make to obtain feedback from CPS?

(Circle One)

Considerable effort	1	27/
Some effort	2	
No effort	3	

34. In terms of the following dimensions, how would you compare your reporting experience overall with others' you've heard about?

(Circle One In Each Row)

a. Reporting process	1 Easier For Me	2 About the Same	3 Harder For Me	28/
b. Outcome for the child	1 More Positive	2 About the Same	3 More Negative	29/
c. Outcome for the rest of the family	1 More Positive	2 About the Same	3 More Negative	30/

35. Have you ever suspected possible child abuse or neglect, but decided not to report the incident?

(Circle One)

Yes	1	31/
No...(Skip to Q.40)	2	

36. During the past year, were there any times when you suspected possible child abuse or neglect, but decided not to report the incident?

(Circle One)

Yes	1	32/
No...(Skip to Q.8)	2	

CARD 08

37. How many times in the <u>past year</u> did you suspect possible child abuse or neglect and decide not to report the incident?

Number of Times No Report Made ☐☐ 33-34/

38. How important were the following factors in your decision(s) <u>not</u> to report your suspicions?

(Circle One In Each Row)

Possible Factors	Very Important	Somewhat Important	Not Very Important	Not At All Important	
A. Not sure how to do it	1	2	3	4	35/
B. Could help the child better myself	1	2	3	4	36/
C. Abuse or neglect was not serious enough to report	1	2	3	4	37/
D. Authorities unlikely to do anything	1	2	3	4	38/
E. Report would disrupt treatment	1	2	3	4	39/
F. Initial impressions proved misleading	1	2	3	4	40/
G. Reports too time consuming	1	2	3	4	41/
H. Increased risk of abuse or neglect	1	2	3	4	42/
I. Family unit would be disrupted	1	2	3	4	43/
J. Lacked sufficient evidence that abuse or neglect had occurred	1	2	3	4	44/
K. Case was already reported	1	2	3	4	45/
L. Fear of lawsuit for reporting	1	2	3	4	46/
M. Situation resolved itself	1	2	3	4	47/
N. CPS overreacts to reports	1	2	3	4	48/
O. Possible loss of income to you	1	2	3	4	49/
P. Victim was an adult	1	2	3	4	50/
Q. Treatment already accepted	1	2	3	4	51/
R. CPS services are of poor quality	1	2	3	4	52/
S. Your discomfort with family	1	2	3	4	53/
T. Unwilling to breach confidentiality	1	2	3	4	54/
U. Police would respond insensitively	1	2	3	4	55/

CARD 08

39. Thinking about one specific time you did not report, what were the major reasons for not reporting in that instance?

_____

_____

_____

_____

_____

_____

_____

_____

_____

40. Other things being equal, would you be more likely to report an incident of suspected abuse or neglect:

(Circle One)

When working in a hospital or clinic	1	56/
When working in a group or solo private practice	2	
Would make no difference	3	
Don't know	8	

Thank you very much for completing this survey. Please return the completed survey in the enclosed postage-paid envelope as soon as possible.

CARD 08

ITEMS FROM PRINCIPALS' SURVEY

CHILD ABUSE REPORTING SURVEY

This is a questionnaire about child abuse and child abuse reporting. The first part of the questionnaire presents a series of short vignettes that you might encounter in the course of your professional activities. The second part includes questions about you and your professional work.

INSTRUCTIONS

1. Please try to answer every question (unless you are asked to skip questions because they don't apply to you).

2. Answer questions by circling the appropriate number or filling in the answer as required.

3. If you're not sure of the answer, please try to give us your best estimate.

4. If you have any questions, feel free to call Gail Zellman, Principal Investigator, at The RAND Corporation collect at (213) 393-0411, extension 6233, Monday through Friday after 9 A.M. (PST).

5. Please return the completed survey in the postpaid envelope as soon as possible to:

The RAND Corporation
Coding Room 1900
1700 Main Street
Santa Monica, CA 90406

ASSURANCE OF CONFIDENTIALITY

RAND will hold and treat your individual responses as strictly confidential. RAND'S confidentiality assurances are backed up by a Certificate of Confidentiality issued by the U.S. Department of Health and Human Services. This Certificate provides additional assurance of the confidentiality of your responses. Information about the Certificate appears on the back cover of this questionnaire.

PART 1: VIGNETTES

For each vignette, please read the story and answer the questions that follow it as best you can. We know that as a competent professional if you actually were faced with these incidents you would investigate further before making the judgments we ask you to make. However, for the purposes of this study, we would appreciate your making the best judgment you can given the information provided.

7WA-001 1-10/
CARD 01 11-12/

Five year old Mara shows up one morning wheezing and coughing heavily and having difficulty breathing. Her mother reports that Mara has not taken her daily asthma medication for the last two weeks because the prescription ran out, and she hasn't gotten around to renewing it yet. This same thing has come to your attention at least three times before.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute neglect?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

701-05 19-23/

7WA-001 1-10/
CARD 02 11-12/

The Reeds, a well-dressed middle class family who are new to your school, come to see you because neither parent can get their six year old son Kevin to obey. Mr. Reed tells you that he uses a belt on Kevin just as his dad did with him, but lately it isn't working. Mr. Reed admits that once several months ago when he hit Kevin, it left a pretty bad bruise on his thigh.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

705-04 19-23/

7WA-001 1-10/
CARD 03 11-12/

One of your teachers comes to talk to you about James Simmons, an eight year old black student, because he has fondled several children on the playground and masturbates frequently. When you speak with James' mother, Mrs. Simmons angrily states that she is sure that James' male babysitter, who she hired so that James would have more time with men, has been abusing her son.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

710-06 19-23/

7WA-001 1-10/
CARD 04 11-12/

When eight year old Matthew, who has a good attendance record, misses three consecutive days of school, you phone to see what happened. Matthew answers the phone and tells you that his mom and dad are both at work. When you ask to speak to someone else, he tells you that he is home alone. When you call the next day after he misses another day, you find Matthew at home alone again.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute neglect?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

702-21 19-23/

7MA-001 1-10/
CARD 05 11-12/

Richard Lewis, a machinist, has come in for a conference you called to discuss his six year old daughter's school problems. As you attempt to understand why Gina's problems have gotten so much worse in the past few months, Mr. Lewis confides that several times recently when he has gotten drunk, he has lost control of himself and has fondled Gina.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

712-06 19-23/

CARD 06 11-12/
1-10/
Version 2

PART 2: BACKGROUND AND EXPERIENCE

1. How old were you on your last birthday?

Age ☐☐ 13-14/

2. Are you male or female?

(Circle One)

Male	1	15/
Female	2	

3. What do you consider to be your main racial or ethnic group?

(Circle One)

White	1	16/
Black	2	
Hispanic	3	
Asian or Pacific Islander	4	
American Indian or Alaskan Native	5	
OTHER	6	

(Please Specify):_____ 17-19/

4. What is the highest degree or diploma you have?

(Circle One)

Associate level	1	20/
Bachelor's level	2	
Master's level	3	
Ph.D.	4	
M.D.	5	

5. Since you completed your schooling, how many years have you been working in your present profession?

Number of Years ☐☐ 21-22/

6. How long have you been a principal?

(Circle One)

Less than a year	1	23/
1-5 years	2	
More than 5 years	3	

CARD 06

7. Have you had any specialized, formal training in assessment and reporting of child abuse or neglect?

(Circle One)

Yes ---> About how much training?		
10 HOURS OR LESS	1	24/
MORE THAN 10 HOURS	2	
No	3	

8. Under the law in your state, are people in your profession legally obligated to make a child abuse or neglect report when their suspicions are based on:

(Circle One In Each Row)

	Yes	No	Don't Know	
a. What a child says or how he/she acts	1	2	8	25/
b. What an adult tells you that he/she or another adult did	1	2	8	26/
c. What you observe directly	1	2	8	27/

CARD 06

It has been suggested that people's personal experiences with child abuse and abuse reporting may affect how they deal with these issues as professionals.

9. When you were a child (up to the age of 16) were you ever the victim of physical or sexual abuse?

(Circle One)

Yes, physical	1	28/
Yes, sexual	2	
Both	3	
Neither	4	

10. Do you think having had such an experience would make a person more or less likely to report abuse or neglect?

(Circle One)

More likely	1	29/
Less likely	2	
Would not matter	3	

11. Has anyone you know personally ever been the subject of a child abuse report?

(Circle One)

Yes	1	30/
No	2	

12. Do you think having had such an experience would make a person more or less likely to report abuse or neglect?

(Circle One)

More likely	1	31/
Less likely	2	
Would not matter	3	

13. How many times in the last year have you discussed child abuse reporting in a staff meeting?

Number of Times Reporting Discussed [ ][ ] 32-33/

14. In general, which of the following roles do you play when abuse is suspected by one of your staff members?

(Circle All That Apply)

Encourage a report by staff member	1	34/
Discuss concerns with staff member	2	35/
Encourage referral to an expert	3	36/
Discourage a report	4	37/
Make the report decision yourself	5	38/
Investigate the situation yourself	6	39/
No active role	7	40/

CARD 06

15. Which of these categories best describes what grades your school covers?

(Circle One)

Elementary	1	41/
Middle School	2	
Junior High School	3	
High School	4	

16. How would you describe the children you work with?

A. What is their race? Please give your best estimate.

Percent White	%	42-44/
Percent Black	%	45-47/
Percent Hispanic	%	48-50/
Percent Other	%	51-53/
TOTAL	100%	

B. What is their approximate income level?

Percent high income	%	54-56/
Percent middle income	%	57-59/
Percent low income	%	60-62/
TOTAL	100%	

17. About how large is the school in which you work?

Number of Students [ ][ ][ ] 63-66/

18. With about how many of these students do you have face-to-face contact in a week?

Number of Students [ ][ ][ ] 67-70/

19. In cases where you suspect child abuse or neglect, are you expected to report it yourself directly or do you report through someone else?

(Circle One)

Report directly myself	1	71/
Report through someone else	2	
Don't know	8	

20. Is there a team or individual in your school or district that reviews potential reports?

(Circle One)

Yes	1	72/
No	2	

CARD 06

CARD 07 11-12/

21. How confident are you about your ability to treat cases of abuse or neglect yourself? 1-10/

(Circle One)

Very confident	1	13/
Somewhat confident	2	
Not very confident	3	

22. How likely would you be to report an incident of suspected child abuse or neglect if you saw one? Would you say you would be:

(Circle One)

Very Likely,	1	14/
Somewhat likely, or	2	
Not at all likely to report?	3	

The next few questions are about possible consequences of making reports of child abuse or neglect. Please answer based on your own experience or on what you've heard or read if you have no direct experience.

23. What problems did you encounter or would you expect to encounter in the process of making reports of child abuse or neglect?

(Circle All That Apply)

A. Don't/Didn't know who to report to	1	15/
B. Telephone lines repeatedly busy	2	16/
C. Child Protective Services (CPS) staff poorly trained	3	17/
D. CPS staff inflexible or use no discretion	4	18/
E. Police treated family insensitively	5	19/
F. Other problem (Please describe below)	6	20/

OTHER PROBLEM _____

_____ 21-23/

24. How serious are the consequences to you that did result or that you would expect to result from making a report?

(Circle One In Each Row)

Possible Consequences	Very Serious	Somewhat Serious	Not Very Serious	Not At All Serious	
A. Time lost from normal work	1	2	3	4	24/
B. Loss of income	1	2	3	4	25/
C. Withdrawal of child from school	1	2	3	4	26/
D. Loss of future children due to reputation as a "reporter"	1	2	3	4	27/
E. Risk of lawsuit	1	2	3	4	28/
F. Personal upset or worry	1	2	3	4	29/
G. Parental anger or threats	1	2	3	4	30/
H. Court appearance and testimony	1	2	3	4	31/
I. Loss of rapport with family	1	2	3	4	32/
J. Reflects negatively on my school/my leadership	1	2	3	4	33/

CARD 07

25. What problems did the child involved encounter, or would you expect a child to encounter from a report of child abuse or neglect?

(Circle All That Apply)

A. Increased risk of abuse or neglect	1	34/
B. Removal of child from the family	2	35/
C. Removal of child from the school	3	36/
D. Other problem (please describe below)	4	37/

OTHER PROBLEM _____

_____ 38-40/

26. Based on what you've heard or experienced, in what percent of cases does the child benefit from a report being made?

(CircleThe Percentage that Best Fits Your Answer) 41-43/

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

27. Based on what you've heard or experienced, in what percent of cases does the child suffer from a report being made?

(CircleThe Percentage that Best Fits Your Answer) 44-46/

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

28. Based on what you've heard or experienced, please rate CPS agency workers handling of abuse reports.

(Circle One Number In Each Row)

Professional	1	2	3	4	5	Unprofessional	47/
Cold	1	2	3	4	5	Warm	48/
Consistent	1	2	3	4	5	Inconsistent	49/
Weak	1	2	3	4	5	Strong	50/
Responsive	1	2	3	4	5	Unresponsive	51/

29. Based on what you've heard or experienced, please rate police personnel handling of abuse reports.

(Circle One Number In Each Row)

Professional	1	2	3	4	5	Unprofessional	52/
Cold	1	2	3	4	5	Warm	53/
Consistent	1	2	3	4	5	Inconsistent	54/
Weak	1	2	3	4	5	Strong	55/
Responsive	1	2	3	4	5	Unresponsive	56/

CARD 07

30. Have you ever made a report of child abuse or neglect yourself or initiated such a report throught the person in charge of making such reports in your school or district?

(Circle One)

Yes 1 57/
No...(Skip to Q.37) 2

31. During the past year, have you made a report of child abuse or neglect yourself or initiated such a report through the person in charge of making such reports in your school or district?

(Circle One)

Yes 1 58/
No...(Skip to Q.33) 2

32. How many reports of suspected child abuse or neglect have you made or initiated in the past year?

Number of Reports ☐☐ 59-60/

33. How important were the following factors in your decision(s) to report your suspicions?

(Circle One In Each Row)

Possible Factors	Very Important	Somewhat Important	Not Very Important	Not At All Important	
A. Legal requirement to report	1	2	3	4	61/
B. Fear of lawsuit if not reported	1	2	3	4	62/
C. District reporting policy	1	2	3	4	63/
D. Get help for child or family	1	2	3	4	64/
E. Help family see seriousness of problem	1	2	3	4	65/
F. Insure continued treatment	1	2	3	4	66/
G. Stop maltreatment	1	2	3	4	67/
H. Bring CPS expertise to bear	1	2	3	4	68/
I. Police would act quickly and effectively to protect child	1	2	3	4	69/

34. How often did you receive feedback from CPS about the results of their investigation of case(s) you reported?

(Circle One)

Always 1 70/
Sometimes 2
Never 3

35. How much effort did you make to obtain feedback from CPS?

(Circle One)

Considerable effort 1 71/
Some effort 2
No effort 3

CARD 07

CARD 08 11-12/
1-10/

36. In terms of the following dimensions, how would you compare your reporting experience overall with others' you've heard about?

(Circle One In Each Row)

a. Reporting process	1 Easier For Me	2 About the Same	3 Harder For Me	13/
b. Outcome for the child	1 More Positive	2 About the Same	3 More Negative	14/
c. Outcome for the rest of the family	1 More Positive	2 About the Same	3 More Negative	15/

37. Have you ever suspected possible child abuse or neglect, but decided not to report the incident?

(Circle One)

Yes 1 16/
No...(Skip to Item 42) 2

38. During the past year, were there any times when you suspected possible child abuse or neglect, but decided not to report the incident?

(Circle One)

Yes 1 17/
No...(Skip to Q.40) 2

39. How many times in the past year did you suspect possible child abuse or neglect and decide not to report the incident?

Number of Times No Report Made [ ] 18-19/

40. How important were the following factors in your decision(s) not to report your suspicions?

(Circle One In Each Row)

Possible Factors	Very Important	Somewhat Important	Not Very Important	Not At All Important	
A. Not sure how to do it	1	2	3	4	20/
B. Could help the child better myself	1	2	3	4	21/
C. Abuse or neglect was not serious enough to report	1	2	3	4	22/
D. Authorities unlikely to do anything	1	2	3	4	23/
E. Report would disrupt treatment	1	2	3	4	24/
F. Initial impressions proved misleading	1	2	3	4	25/
G. Reports too time consuming	1	2	3	4	26/
H. Increased risk of abuse or neglect	1	2	3	4	27/
I. Family unit would be disrupted	1	2	3	4	28/
J. Lacked sufficient evidence that abuse or neglect had occurred	1	2	3	4	29/
K. Case was already reported	1	2	3	4	30/
L. Fear of lawsuit for reporting	1	2	3	4	31/
M. Situation resolved itself	1	2	3	4	32/
N. CPS overreacts to reports	1	2	3	4	33/
O. Would reflect negatively on my school/my leadership	1	2	3	4	34/
P. Victim was an adult	1	2	3	4	35/
Q. Treatment already accepted	1	2	3	4	36/
R. CPS services are of poor quality	1	2	3	4	37/
S. Your discomfort with family	1	2	3	4	38/
T. Unwilling to breach confidentiality	1	2	3	4	39/
U. Police would respond insensitively	1	2	3	4	40/

CARD 08

41. Thinking about one specific time you did not report, what were the major reasons for not reporting in that instance?

42. Thank you very much for completing this survey. Please return the completed survey in the enclosed postage-paid envelope as soon as possible.

ITEMS FROM CHILD CARE PROVIDERS' SURVEY

CHILD ABUSE REPORTING SURVEY

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4. If you have any questions, feel free to call Gail Zellman, Principal Investigator, at The RAND Corporation collect at (213) 393-0411, extension 6233, Monday through Friday after 9 A.M. (PST).

5. Please return the completed survey in the postpaid envelope as soon as possible to:

The RAND Corporation
Coding Room 1900
1700 Main Street
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6WA-001 1-10/
CARD 01 11-12/

One of your teachers comes to talk to you about James Simmons, a three year old white student, because he has fondled several children on the playground and masturbates frequently. When you speak with James' mother, Mrs. Simmons angrily states that she is sure that James' male babysitter, who she hired so that James would have more time with men, has been abusing her son.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

610-00 19-23/

6WA-001 1-10/
CARD 02 11-12/

When four year old Matthew, who has a good attendance record, misses three consecutive days of nursery school, you phone to see what happened. Matthew answers the phone and tells you that his mommy and daddy are both at work. When you ask to speak to someone else, he tells you that he is home alone. When you call the next day after he misses another day, you find Matthew at home alone again.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute neglect?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

602-07 19-23/

6WA-001 1-10/
CARD 03 11-12/

One day when she comes to pick up her baby, Mrs. Alvarado, whose family is new to your center, asks you if six month old Juan cries much during the day. She complains that he cries a great deal at home--much more than her other children ever did. She believes he does it to make her mad, and she often slaps his mouth to make him stop.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

606-02 19-23/

6WA-001 1-10/
CARD 04 11-12/

The Reeds, a poorly-groomed welfare family who are new to your school, come to see you because neither parent can get their six year old son Kevin to obey. Mr. Reed tells you that he uses a belt on Kevin just as his dad did with him, but lately it isn't working. Mr. Reed admits that he hit Kevin just yesterday and the belt left a red mark on his neck. When you ask to see it, you observe several raised welts.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

605-01 19-23/

6WA-001 1-10/
CARD 05 11-12/

Richard Lewis, an accountant who you see socially several times a year, has come in for a conference you called to discuss his six year old daughter's school problems. As you attempt to understand why Gina's problems have gotten so much worse in the past few months, Mr. Lewis confides that several times recently when he has gotten drunk, he has lost control of himself and has fondled Gina.

1. Based on the information you have been provided, how serious is this incident?

Extremely serious	1	13/
Very serious	2	
Somewhat serious	3	
Not very serious	4	
Not at all serious	5	

2. In your own professional judgment, does the incident described above constitute abuse?

Definitely yes	1	14/
Probably yes	2	
Probably no	3	
Definitely no	4	

3. In your view, would you be required by law to report this incident?

Definitely required to report	1	15/
Probably required to report	2	
Probably not required to report	3	
Definitely not required to report	4	

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact	1	16/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact	1	17/
Somewhat positive impact	2	
Somewhat negative impact	3	
Highly negative impact	4	

6. How likely would you be to report this case?

Almost certainly would report	1	18/
Very likely to report	2	
Somewhat likely to report	3	
Not very likely to report	4	
Almost certainly would not report	5	

612-08 19-23/

CARD 06 11-12/
1-10/

Version 3

PART 2: BACKGROUND AND EXPERIENCE

1. How old were you on your last birthday?

Age ☐☐ 13-14/

2. Are you male or female?

(Circle One)

Male 1 15/
Female 2

3. What do you consider to be your main racial or ethnic group?

(Circle One)

White 1 16/
Black 2
Hispanic 3
Asian or Pacific Islander 4
American Indian or Alaskan Native 5
OTHER 6
(Please Specify): _____ 17-19/

4. What is the highest degree or diploma you have?

(Circle One)

High school diploma 1 20/
Associate level 2
Bachelor's level 3
Master's level 4
Ph.D. 5
M.D. 6

5. Since you completed your schooling, how many years have you been working in your present profession?

Number of Years ☐☐ 21-22/

6. How long have you run programs for preschoolers?

(Circle One)

Less than a year 1 23/
1-5 years 2
More than 5 years 3

CARD 06

7. Have you had any specialized, formal training in assessment and reporting of child abuse or neglect?

(Circle One)

Yes --> About how much training?
- 10 HOURS OR LESS 1 *24/*
- MORE THAN 10 HOURS 2

No 3

8. Under the law in your state, are people in your profession legally obligated to make a child abuse or neglect report when their suspicions are based on:

(Circle One In Each Row)

	Yes	No	Don't Know	
a. What a child says or how he/she acts	1	2	8	*25/*
b. What an adult tells you that he/she or another adult did	1	2	8	*26/*
c. What you observe directly	1	2	8	*27/*

It has been suggested that people's personal experiences with child abuse and abuse reporting may affect how they deal with these issues as professionals.

9. When you were a child (up to the age of 16) were you ever the victim of physical or sexual abuse?

(Circle One)

- Yes, physical 1 *28/*
- Yes, sexual 2
- Both 3
- Neither 4

10. Do you think having had such an experience would make a person more or less likely to report abuse or neglect?

(Circle One)

- More likely 1 *29/*
- Less likely 2
- Would not matter 3

11. Has anyone you know personally ever been the subject of a child abuse report?

(Circle One)

- Yes 1 *30/*
- No 2

CARD 06

12. Do you think having had such an experience would make a person more or less likely to report abuse or neglect?

(Circle One)

More likely	1	31/
Less likely	2	
Would not matter	3	

13. How many times in the last year have you discussed child abuse reporting in a staff meeting?

Number of Times Reporting Discussed ☐☐ 32-33/

14. In general, which of the following roles do you play when abuse is suspected by one of your staff members?

(Circle All That Apply)

Encourage a report by staff member	1	34/
Discuss concerns with staff member	2	35/
Encourage referral to an expert	3	36/
Discourage a report	4	37/
Make the report decision yourself	5	38/
Investigate the situation yourself	6	39/
No active role	7	40/

15. Do you work in a:

(Circle One)

Daycare or childcare center, or	1	41/
A nursery school or preschool?	2	

16. How would you describe the children you work with ?

A. What is their race? Please give your best estimate.

Percent White_____	%	42-44/
Percent Black _____	%	45-47/
Percent Hispanic_____	%	48-50/
Percent Other _____	%	51-53/
TOTAL	100%	

B. What is their approximate income level?

Percent high income_____	%	54-56/
Percent middle income_____	%	57-59/
Percent low income_____	%	60-62/
TOTAL	100%	

CARD 06

CARD 07 11-12/ 1-10/

17. About how large is the facility in which you work?

Number of Children [ ][ ][ ][ ] 13-16/

18. With about how many of these children do you have face-to-face contact in a week?

Number of Children [ ][ ][ ][ ] 17-20/

19. In cases where you suspect child abuse or neglect, are you expected to report it yourself directly or do you report through someone else?

(Circle One)

Report directly myself 1 21/
Report through someone else 2
Don't know 8

20. Is there a team or individual in your school or center that reviews potential reports?

(Circle One)

Yes 1 22/
No 2

21. How confident are you about your ability to treat cases of abuse or neglect yourself?

(Circle One)

Very confident 1 23/
Somewhat confident 2
Not very confident 3

22. How likely would you be to report an incident of suspected child abuse or neglect if you saw one? Would you say you would be:

(Circle One)

Very Likely, ... 1 24/
Somewhat likely, or 2
Not at all likely to report? 3

CARD 07

The next few questions are about possible consequences of making reports of child abuse or neglect. Please answer based on your own experience or on what you've heard or read if you have no direct experience.

23. What problems did you encounter or would you expect to encounter in the process of making reports of child abuse or neglect?

(Circle All That Apply)

A.	Don't/Didn't know who to report to	1	25/
B.	Telephone lines repeatedly busy	2	26/
C.	Child Protective Services (CPS) staff poorly trained	3	27/
D.	CPS staff inflexible or use no discretion	4	28/
E.	Police treated family insensitively	5	29/
F.	Other problem (Please describe below)	6	30/

OTHER PROBLEM _____ 31-33/

_____

24. How serious are the consequences to you that did result or that you would expect to result from making a report?

(Circle One In Each Row)

Possible Consequences	Very Serious	Somewhat Serious	Not Very Serious	Not At All Serious	
A. Time lost from normal work	1	2	3	4	34/
B. Loss of income	1	2	3	4	35/
C. Withdrawal of child from school/center	1	2	3	4	36/
D. Loss of future children due to reputation as a "reporter"	1	2	3	4	37/
E. Risk of lawsuit	1	2	3	4	38/
F. Personal upset or worry	1	2	3	4	39/
G. Parental anger or threats	1	2	3	4	40/
H. Court appearance and testimony	1	2	3	4	41/
I. Loss of rapport with family	1	2	3	4	42/
J. Reflects negatively on my program/my leadership	1	2	3	4	43/

25. What problems did the child involved encounter, or would you expect a child to encounter from a report of child abuse or neglect?

(Circle All That Apply)

A.	Increased risk of abuse or neglect	1	44/
B.	Removal of child from the family	2	45/
C.	Removal of child from the school/center	3	46/
D.	Other problem (please describe below)	4	47/

OTHER PROBLEM _____ 48-50/

_____

CARD 07

26. Based on what you've heard or experienced, in what percent of cases does the child benefit from a report being made?

(CircleThe Percentage That Best Fits Your Answer)

51-53/

27. Based on what you've heard or experienced, in what percent of cases does the child suffer from a report being made?

(CircleThe Percentage That Best Fits Your Answer)

54-56/

28. Based on what you've heard or experienced, please rate CPS agency workers handling of abuse reports.

(Circle One Number In Each Row)

Professional	1	2	3	4	5	Unprofessional	57/
Cold	1	2	3	4	5	Warm	58/
Consistent	1	2	3	4	5	Inconsistent	59/
Weak	1	2	3	4	5	Strong	60/
Responsive	1	2	3	4	5	Unresponsive	61/

29. Based on what you've heard or experienced, please rate police personnel handling of abuse reports.

(Circle One Number In Each Row)

Professional	1	2	3	4	5	Unprofessional	62/
Cold	1	2	3	4	5	Warm	63/
Consistent	1	2	3	4	5	Inconsistent	64/
Weak	1	2	3	4	5	Strong	65/
Responsive	1	2	3	4	5	Unresponsive	66/

CARD 07

CARD 08 11-12/ 1-10/

30. Have you ever made a report of child abuse or neglect yourself or initiated such a report through the person in charge of making reports at your school or center?

(Circle One)

Yes 1 13/
No...(Skip to Q.37) 2

31. During the past year, have you made a report of child abuse or neglect yourself or initiated such a report through the person in charge of making such reports at your school or center?

(Circle One)

Yes 1 14/
No...(Skip to Q.33) 2

32. How many reports of suspected child abuse or neglect have you made or initiated in the past year?

Number of Reports [ ] 15-16/

33. How important were the following factors in your decision(s) to report your suspicions?

(Circle One In Each Row)

Possible Factors	Very Important	Somewhat Important	Not Very Important	Not At All Important	
A. Legal requirement to report	1	2	3	4	17/
B. Fear of lawsuit if not reported	1	2	3	4	18/
C. Institutional reporting policy	1	2	3	4	19/
D. Get help for child or family	1	2	3	4	20/
E. Help family see seriousness of problem	1	2	3	4	21/
F. Insure continued treatment	1	2	3	4	22/
G. Stop maltreatment	1	2	3	4	23/
H. Bring CPS expertise to bear	1	2	3	4	24/
I. Police would act quickly and effectively to protect child	1	2	3	4	25/

34. How often did you receive feedback from CPS about the results of their investigation of case(s) you reported?

(Circle One)

Always 1 26/
Sometimes 2
Never 3

35. How much effort did you make to obtain feedback from CPS?

(Circle One)

Considerable effort 1 27/
Some effort 2
No effort 3

CARD 08

36. In terms of the following dimensions, how would you compare your reporting experience overall with others' you've heard about?

(Circle One In Each Row)

	1	2	3	
a. Reporting process	Easier For Me	About the Same	Harder For Me	28/
b. Outcome for the child	More Positive	About the Same	More Negative	29/
c. Outcome for the rest of the family	More Positive	About the Same	More Negative	30/

37. Have you ever suspected possible child abuse or neglect, but decided not to report the incident?

(Circle One)

Yes 1 31/
No...(Skip to Item 42) 2

38. During the past year, were there any times when you suspected possible child abuse or neglect, but decided not to report the incident?

(Circle One)

Yes 1 32/
No...(Skip to Q.40) 2

39. How many times in the past year did you suspect possible child abuse or neglect and decide not to report the incident?

Number of Times No Report Made [ ] 33-34/

CARD 08

40. How important were the following factors in your decision(s) not to report your suspicions?

(Circle One In Each Row)

Possible Factors	Very Important	Somewhat Important	Not Very Important	Not At All Important	
A. Not sure how to do it	1	2	3	4	35/
B. Could help the child better myself	1	2	3	4	36/
C. Abuse or neglect was not serious enough to report	1	2	3	4	37/
D. Authorities unlikely to do anything	1	2	3	4	38/
E. Report would disrupt treatment	1	2	3	4	39/
F. Initial impressions proved misleading	1	2	3	4	40/
G. Reports too time consuming	1	2	3	4	41/
H. Increased risk of abuse or neglect	1	2	3	4	42/
I. Family unit would be disrupted	1	2	3	4	43/
J. Lacked sufficient evidence that abuse or neglect had occurred	1	2	3	4	44/
K. Case was already reported	1	2	3	4	45/
L. Fear of lawsuit for reporting	1	2	3	4	46/
M. Situation resolved itself	1	2	3	4	47/
N. CPS overreacts to reports	1	2	3	4	48/
O. Possible loss of income to you	1	2	3	4	49/
P. Would reflect negatively on my program/ my leadership	1	2	3	4	50/
Q. Victim was an adult	1	2	3	4	51/
R. Treatment already accepted	1	2	3	4	52/
S. CPS services are of poor quality	1	2	3	4	53/
T. Your discomfort with family	1	2	3	4	54/
U. Unwilling to breach confidentiality	1	2	3	4	55/
V. Police would respond insensitively	1	2	3	4	56/

CARD 08

41. Thinking about one specific time you did not report, what were the major reasons for not reporting in that instance?

_____

_____

_____

_____

_____

_____

_____

_____

42. Thank you very much for completing this survey. Please return the completed survey in the enclosed postage-paid envelope as soon as possible.

Appendix B

DISCRIMINANT ANALYSES OF REPORTING OUTCOMES

Discriminant Analysis. A canonical discriminant analysis using groups defined by the four reporting outcomes for the past year confirms the results in Sec. IV (Lachenbruch, 1979). Two dimensions emerged. The first strongly discriminated between any reporting (consistent reporting plus discretion) and no reporting (no involvement and failure to report [FTR] only). Reporting is more likely if a professional sees more children, serves as a resource person for abuse, and is knowledgeable about the child abuse laws. Reporting is less likely if the professional spends no time in hospitals or clinics, perceives that child abuse reports have negative personal consequences, and feels confident to treat abuse.

A second dimension contrasted consistent reporting with having ever failed to report in the past year (FTR only and discretion). It reveals that any FTR is more likely if the professional is male, sees higher-status children, and believes it likely that reports have negative consequences for the children reported. Working exclusively in a private practice setting and feeling confident to treat abuse are also associated with discretion/never reporting. Consistent reporting is more likely if a professional works in a hospital or clinic and has had child abuse training.

Appendix C

CREATING ADJUSTED RESPONSES FOR THE VIGNETTE MEASURES

To examine the relationships among the vignette outcomes across vignettes, we had to control for the fact that each respondent had received a unique subset of vignettes and that the same core vignettes included a number of factors that varied across respondents.

In particular, we had to take steps to avoid spuriously inflated correlations among the vignette outcomes across vignettes that could occur if different vignettes were perceived by respondents as describing clearly serious and reportable incidents in some cases and clearly trivial and nonreportable ones in others.

We imposed these needed controls by creating adjusted responses for each of the five abuse-relevant judgments and the measure of behavioral intention. The adjustment involved replacing raw responses with standardized residuals from regressions of the raw responses on the vignette factors for each vignette. The standardized residuals eliminate the contribution of the vignette and vignette factors to each response. By using the adjusted responses, we can draw inferences from the analyses in Sec. V as if all respondents had received an identical set of vignettes.

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